

**SOCIAL SUPPORT AND WELL-BEING  
OF SOUTH KOREANS  
AND NORTH KOREAN REFUGEES  
IN SOUTH KOREA**

by

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## **Abstract**

Approximately 33,000 North Korean refugees (NKR) resettled in South Korea during the last 25 years. NKRs form social networks with other NKRs and South Koreans (SKs), but many struggle to adapt to South Korea. The overall objective of this dissertation is to understand the influences of support exchange on the well-being of SK (host population) and NKR adults (migrants).

Between September and December 2019, semi-structured interviews were conducted with 30 NKRs and 20 SKs who were friends or acquaintances of NKRs. A Grounded Theory approach was used for data analysis. To complement the qualitative findings about support in SKs, we also used a nationally representative cross-sectional survey.

We first examined the influence of social support on the well-being of SKs (Chapter 4). Qualitative findings indicated that support exchange appeared to be related to well-being. SKs perceived individualism to be a negative attribute fostering indifference to others. Quantitative findings suggested that prioritization of individual benefits over benefits for the community was inversely related to high subjective well-being. The perceived availability of financial support was associated with high levels of well-being among middle-aged and older adults.

Next, we explored coping strategies NKRs adopted to reduce acculturative stress (Chapter 5). Findings suggested that NKRs primarily sought support from culturally similar groups. Some SKs tried to develop family-like relationships with NKRs. NKRs who were enthusiastic about assimilating into South Korean society strategically approached SKs to learn about their culture. To cope with acculturative stress, NKRs developed different coping strategies, depending on whether the social network members were NKRs, Korean Chinese or SKs.

Further, we found that reciprocity was critical for the well-being of NKRs (Chapter 6). While NKRs practiced bidirectional support exchange prior to resettlement, support exchange became unidirectional in South Korea, which created uncomfortable feelings among some NKRs. However, NKRs who desired to reciprocate reported high levels of well-being.

Together, these findings highlight that the promotion of social support among SKs has the capacity to enhance well-being. Moreover, support exchange within one's social network may be essential for improving the well-being of NKRs, underscoring the need for efforts to facilitate NKRs' social relationships.

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# Chapter 1. Introduction

## 1.1 Overview

Social support is known to have a positive effect on physical and mental health.<sup>1,2</sup> In traditional collectivist Korean society, the interchange of support was highly valued. However, due to rapid economic and social change in South Korea, traditional collectivist values have faded and the importance of social support has diminished.<sup>3</sup> Social support is also essential for the successful settlement of refugees in a new society.<sup>4</sup> Many studies have shown that displaced populations, including refugees, have a significant number of physical and mental health problems.<sup>5–10</sup> Social support can result in more positive perceptions of one's physical health and in improved well-being.<sup>11–13</sup>

North Korean refugees (NKR), as a displaced population, may also have limited social support in their primary host country, South Korea. This paucity of social support potentially leads to poor mental health outcomes.<sup>14,15</sup> While many researchers have focused on identifying risk factors for poor mental health among NKRs, only limited research has investigated protective factors, such as social support. Social support and its impact on mental health have been mostly examined among North NKR adolescents,<sup>14–19</sup> and little is known among NKR adults. Therefore, we lack a thorough comprehension of the experiences of NKRs in exchanging social support, as well as the complex cultural contexts of these experiences. Only one existing qualitative study has explored social support and its impact on mental health among this population using a Grounded Theory approach,<sup>19</sup> whereas the majority of research has examined the quantitative associations between social support and health outcomes.<sup>14–17</sup> Moreover, the dearth of research related to mental health-promoting factors among NKRs is concerning

because this subpopulation has been identified as extremely vulnerable. For that reason, this dissertation focuses on the factors that promote NKR's mental health, in order to shed light on what South Korean society can do to improve this population's mental health and to reduce health inequalities between South Koreans (SKs) and NKRs.

## **1.2 Study aims**

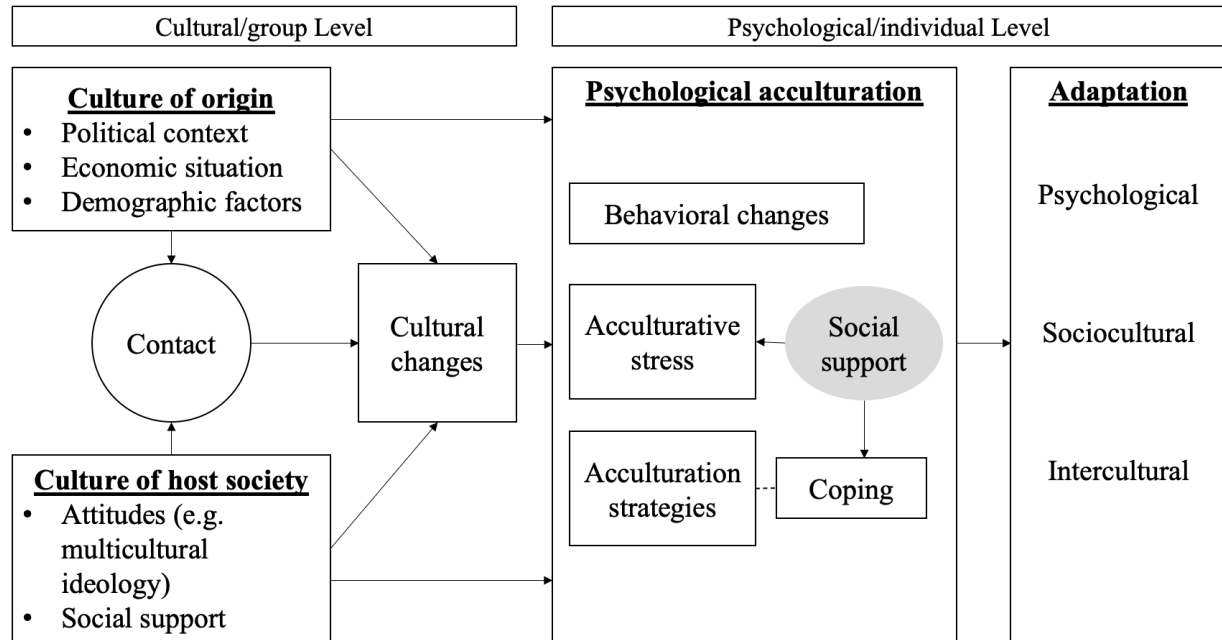
To fill these existing gaps in the literature, the overall objective of this dissertation is to understand the influences of social support on the mental health of NKR adults. Particularly, this dissertation concentrates on the exchange of social support among SKs, among NKRs, or between NKRs and SKs. This overall objective is addressed through three specific aims:

- Aim 1: Qualitatively explore how SKs conceptualize and exchange social support, and quantitatively examine whether helping others and the exchange of support are associated with the subjective well-being of SKs.
- Aim 2: Describe coping strategies that NKRs adopt to reduce stress during acculturation.
- Aim 3: Explore how NKRs conceptualize reciprocity, and how the exchange of support impacts their psychological well-being.

These aims serve to expand our knowledge of social support, which is a health-protective factor, and its role in the mental health of SKs and NKRs. Our results seek to contribute to an understanding of the complex dynamics of social support exchange among refugees/immigrants. We hope the findings of this research serve as a basis for designing future interventions that expand social networks and promote the exchange of support both among NKRs and refugee/immigrant populations elsewhere.

### 1.3 Conceptual framework

**Figure 1.1** Conceptual framework adopted by Berry's acculturation framework (2016)



This study was influenced by John Berry's acculturation framework (**Figure 1.1**),<sup>4</sup> which serves to guide and contextualize the exploration of how acculturation strategies influence the well-being of NKR in South Korea. Acculturation refers to phenomena resulting from contact among two (or more) different cultures, which subsequently changes the cultural patterns of either or both groups.<sup>20</sup> In practice, acculturation tends to result in more change in one group (termed the *acculturating group*) than the other.<sup>21</sup> While each cultural group maintains its own culture prior to the major contact, Berry and Sam (2016) suggests that continuous contact among different cultures results in changes within the physical, psychological, social, or cultural domains at the group level.<sup>22</sup>

These changes at the group level inevitably lead to psychological acculturation in individuals.<sup>22</sup> Changes in individuals include rather easily accomplished *behavior changes* (e.g.

changes in ways of speaking, dressing, and eating), or more challenging or problematic *acculturative stress* if acculturative situations lead to various psychological symptoms, including anxiety and depression.<sup>23</sup> During acculturation, individuals also develop perspectives about how they wish to interact with their own group or with people in society at large. By employing internal (e.g. resilience) and external (e.g. social support) resources, individuals engage in *acculturation strategies* to meet the demands of acculturative stress.<sup>22</sup>

When acculturation changes continue, the long-term outcomes resulting from prolonged acculturation changes are referred to as adaptation. Ward and her colleagues have distinguished between *psychological adaptation* (e.g. having good mental health and well-being) and *sociocultural adaptation* (e.g. adjustment at school or work and success in community life).<sup>24,25</sup> In addition, Berry have suggested *intercultural adaptation*, which refers to “the achievement of harmonious intercultural relations (p. 18).”<sup>22</sup>

Berry’s acculturation framework is grounded in Lazarus and Folkman’s theory of stress and coping<sup>26</sup> because this framework addresses how acculturating individuals respond to and deal with stress arising from intercultural contact.<sup>27</sup> According to Lazarus and Folkman, the experiences of stress and coping become notable when individuals are confronted with major life changes.<sup>26</sup> Migration is an example of a major life change among refugees/immigrants, and they develop coping responses to reduce the stressors that follow from cultural transition.<sup>27</sup> Social support is considered a coping resource, which in turn influences the choice and/or efficacy of coping strategies that people adopt in response to such stressors.<sup>28</sup> Thus, social support may play a critical role in reducing acculturative stress and employing coping strategies among refugees/immigrants.

Based on the acculturation framework and the theories of stress, coping, and social support that were incorporated in the framework, the three aims of this study were designed to provide insight into selected components of the acculturation framework. Aim 1 was designed to understand the culture of the host society (South Korea), specifically focusing on the culture of support exchange. Aim 2 was designed to identify coping strategies that NKRers adopted to handle stress resulting from cultural transition. Aim 3 was designed to explore how the exchange of support may lead to psychological adaptation among NKRers.

## **1.4 Organization of the dissertation**

This dissertation is organized into seven chapters, including this introductory chapter. Chapter 2 provides a comprehensive literature review on South Korean culture, NKRers' migration journey and their health, the relationship between social support and health, and theories around reciprocity. Chapter 3 orients the reader in detail to the methodologies used in this research. Specifically, it describes the participants, data collection and analysis, and the methods used to enhance the quality of the qualitative research.

Chapters 4, 5, and 6 are individual manuscripts for submission to peer-reviewed journals. Chapter 4 is entitled "How do altruism and social support influence individuals' well-being?" This topic addresses Aim 1 by examining altruism and social support and their associations with well-being among SKs. In Chapter 5, "Coping strategies adopted by North Korean refugees in South Korea" is presented. This chapter pertains to Aim 2 by qualitatively exploring the coping strategies (including social support) used for reducing the stress that NKRers experience during acculturation. Chapter 6, "'Give and take is the key': Reciprocity leads to psychological well-being and successful resettlement of North Korean refugees in South Korea," addresses Aim 3



by describing how the exchange of social support (giving and paying back help) enhances well-being of NKR.

Chapter 7 concludes the dissertation, with a summary of the findings, strengths and limitations of the research, and recommendations for future research.

## Chapter 2. Literature Review

### 2.1 Social transition in South Korea after the Korean War

Korean tradition is rooted broadly in East Asian culture that emphasizes collectivism. Some researchers have suggested that rice-growing culture impacted the foundation of collectivist societies because rice-growing demands collective labor, requiring interdependence among people living in these societies.<sup>29</sup> To overcome the labor intensiveness of rice-growing, traditional Korean society developed a strong system of social support. Starting in the 14<sup>th</sup> century, *gye*, *doore*, and *poomasi* were widely practiced in society. *Gye* refers to mutual financing organizations or mutual benevolence groups in which the members of the *gye* saved a certain amount of money regularly. As they had accumulated savings, the members could help other members who needed financial or material support. *Doore* is a farmers' cooperative group.<sup>30,31</sup> Farmers organized *doore* and rotated on others' farms during the rice-planting and harvest seasons.<sup>29,32</sup> *Poomasi* refers to one-to-one exchange of labor. For example, when a person helped a neighbor (e.g. harvesting or home repairment), the neighbor reciprocally provided help for a similar event.<sup>30,31</sup> *Gye*, *doore*, and *poomasi* were based on strong mutual trust, making support an important value in traditional Korean society.<sup>33</sup>

After the Korean War, South Korea underwent one of the largest economic transformations in the world. Starting as an agriculturally-based society in the 1960s,<sup>34</sup> it became the country with the 11<sup>th</sup> largest gross domestic product (GDP) in the world.<sup>35</sup> Group harmony and social cohesion based on collectivism helped Korean society to reach national consensus on economic development and to promote economic growth during the 1960-70s.<sup>36</sup> However, rapid economic and social change resulted in unequal wealth distribution, leading to inequality and

polarization.<sup>37</sup> Furthermore, economic and social transitions accelerated cultural changes in perspectives among individuals;<sup>38</sup> thus, Western and individualistic values began to take precedence over traditional and collectivist values.<sup>3</sup> Few researchers have studied changes in social support over time, but *gye*, *doore*, *poomasi* rarely exist anymore, and the traditional support systems in South Korea have all but disappeared. A survey conducted in 2016 among 3,667 South Koreans showed that the respondents rated social trust in South Korea as 3.8 out of 10, which was dropped from 5.27 out of 10 in 2006.<sup>39</sup> Fukuyama (1995) also described South Korea as a low-trust society in which trust is based on strong ties, rather than loose ties.<sup>40</sup>

Homogeneity is another characteristic of Korean society. South Koreans belong to the same racial stock, speak one language, use a unique alphabet, *hangul*, and receive similar education from elementary school to high school with similar textbooks and pedagogy.<sup>41</sup> However, this homogeneity may hinder the successful social transition into a multicultural society. Currently, South Korea has more than two million registered foreigners including marriage immigrants, international students, and immigrant workers.<sup>42</sup> Although the influx of newcomers and social transitions are inevitable, sudden diversity occurring primarily over the last two decades has generated prejudice toward outgroup members.<sup>43</sup> North Korean refugees (NKR) share many commonalities with South Koreans, but they have been treated as outgroup members who are subject to social prejudice. Jo (2010) documented social distances among South Koreans toward other groups; South Koreans reported a middle level of social distance toward NKRs, Japanese, and Chinese, while felt closest to Americans and Korean Chinese (or *Joseonjok*, Chinese with Korean ethnicity), and least close to Africans.<sup>44</sup> Many studies have suggested that South Korean society has low tolerance toward others who have different perspectives, ethnicities, or opinions.<sup>43,45,46</sup> NKRs who were perceived as neither close nor far in

their social distance from South Koreans, also wrestle to overcome prejudice and be integrated in South Korean society.

## 2.2 North Korean refugees (NKR) and their migration

Migration can be defined as movement of a population, encompassing any kind of movement of people, whatever its length, composition, and causes.<sup>47</sup> The North Korean Great Famine (so-called *Arduous March* in North Korea) in the late 1990s, precipitated by a severe economic crisis after the collapse of the Soviet Union, resulted in between 600,000 and 1 million famine-related deaths from 1995 to 2000.<sup>48,49</sup> Although the North Korean government limited freedom of movement, some North Koreans decided to leave the country so that they could

avoid a dense surveillance network within the country. The main purpose of their migration was to obtain food, security, help from Korean Chinese relatives, or temporary job opportunities in the border region.<sup>50,51</sup> Crossing the highly fortified demilitarized zone (DMZ) between North and South Korea is almost impossible. Therefore, North Koreans began crossing the *Duman* and *Amrok* rivers that form the 850-mile-long border between China and North Korea (hereafter, Sino-Korean border, see **Figure 2.1**). Although the exact number of North Koreans in China is unknown, the South Korean government estimates the number to be between 10,000 and 30,000, while humanitarian organizations calculate as many as 300,000.<sup>52</sup> The Korean Institute of National Unification (KINU) reported that the number of North Koreans in China peaked

**Figure 2.1** Map of northeastern China and North Korea



between 1998 and 1999. Since then, the number of North Koreans residing in China has gradually decreased; in 2000, ranging from 75,000 to 125,000 and in 2005, ranging from 30,000 to 50,000.<sup>53</sup>

The ethnic composition of Northeast China along the Sino-Korean border is a ‘pull factor’ facilitating North Korean migration. Koreans migrated to China during 1850-1945, mainly between 1910 and 1930, in order to escape famine in the Korean peninsula or to stage an independence movement against Japanese imperialism.<sup>54</sup> Currently, about two million Korean-Chinese reside in China, mostly near the border. *Jilin* Province and *Heilongjiang* Province in China, across the *Duman* and *Amrok* rivers, have the largest Korean Chinese population in China. In *Yanbian* Korean Autonomous Prefecture in *Jilin* Province, 854,000 Korean Chinese reside side-by-side with *Han* Chinese (who compose 92% of Chinese population). *Yanji*, the capital of *Yanbian*, has a total population of 350,000 people; 210,000 of whom are Korean Chinese.<sup>55</sup>

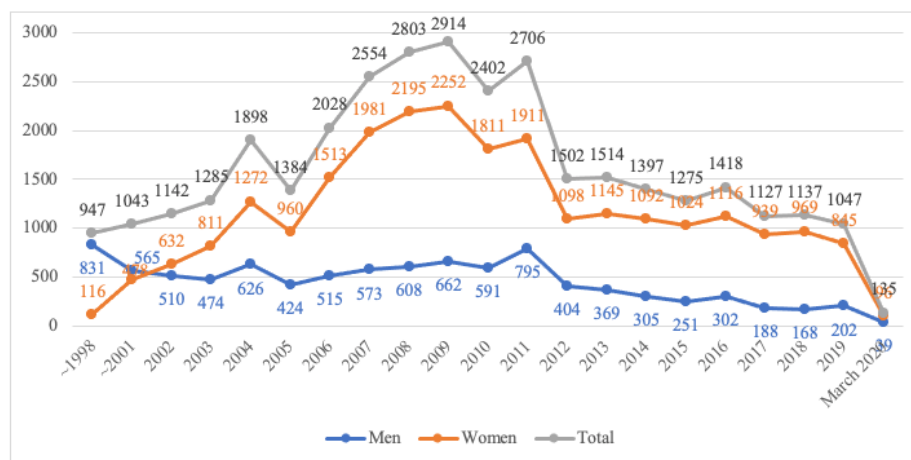
Many Korean Chinese living in China have relatives in North Korea who helped them during the Chinese famine (1959-61) and Cultural Revolution (1966-76).<sup>56</sup> Many North Koreans who escaped from North Korea in the late 1990s sought reciprocal support from their Korean Chinese relatives and the rural Korean Chinese communities.<sup>57</sup> Moreover, in the border region, there is a high demand for a labor force in restaurants and caring sectors, such as sanatoriums for the elderly and disabled in care facilities. These temporary work opportunities motivated North Koreans to voluntarily migrate to China.<sup>58</sup>

The majority of North Koreans in China are women.<sup>56</sup> This is due in part to the distorted gender ratio in Northeast China that led to a high demand of marriageable women.<sup>58</sup> The Chinese government had a one-child policy from 1979 to 2015. Due to a cultural preference for sons, sex-

selective abortions increased during this period, resulting in limited marriage opportunities for many Chinese men, particularly in rural areas.<sup>59,60</sup> One study reported that the gender ratio among the unmarried age group in rural *Yanbian* in the early 2000s was about 14 men : 1 woman.<sup>56</sup> These demographic dynamics brought about human trafficking leading to (in-)voluntary marriages and prostitution.<sup>52,61</sup>

Because the Chinese government considers North Koreans to be illegal economic migrants, many North Koreans live with a constant fear of being deported. If they are deported back to North Korea, the North Korean government considers them traitors of the regime and they will be punished and sent to the prison camps.<sup>62,63</sup> Their uncertain legal status leads some North Koreans in China to migrate to South Korea.<sup>64</sup> Between 1998 and 2020, about 33,658 North Koreans resettled in South Korea. The number of North Koreans entering South Korea peaked in 2008 and 2009, when it reached nearly 3,000 per year. However, this number has gradually decreased thereafter; for example, only 135 North Koreans immigrated to South Korea during the first three months of 2020. Women constitute 72% of the total number of NKR living in South Korea (**Figure 2.2**).<sup>65</sup>

**Figure 2.2** Number of North Korean refugees entering South Korea since 1998



Despite the division of the two Koreas, North Koreans are considered South Korean citizens per the Constitution, and they receive generous government assistance when they arrive in South Korea. After completing a screening process to verify whether individuals are genuinely North Korean and are not engaged in espionage, NKRers enter *Hanawon*, a governmental institution that houses and educates NKRers for 12 weeks.<sup>66</sup> The *Hanawon* curriculum includes education about the basic concepts of a market economy, Korean history and democracy, health check-ups, psychological counseling, basic vocational education, and South Korean culture.<sup>67</sup> Afterward, NKRers are dispersed into local communities based on random assignment of permanent rental housing, along with a one-time resettlement payment (approximately US \$7,000 per person in 2020). They are also linked to *Hana Centers* (governmental centers that support NKRers' adjustment) and are assisted by 'resettlement helpers' from the Red Cross for two years, as well as three different government officers: administrative officers (from the Community Service Center—community centers for administrative work), employment officers (from the *Hana Center*), and probation officers (from the Police Department).<sup>67,68</sup> In addition, various subsidies for job training, academic training, and healthcare benefits are provided for a maximum of five years.<sup>68,69</sup> Apart from the governmental assistance, local churches, medical institutions, and non-profit organizations provide support to NKRers.

Considering the dire structural conditions that North Koreans experience in North Korea, China, or other countries where they have stayed as illegal migrants, their resettlement in South Korea seems to be an ultimate solution. Nonetheless, loneliness, discrimination, ambiguous boundaries of ethnicity and cultural membership, and significant cultural differences often hinder the successful resettlement of NKRers.<sup>69</sup>

NKRs commonly experience family separation when they escape from North Korea, and some of them unite with family members or form their own families after resettlement.<sup>70</sup>

However, an annual survey conducted among NKRs indicated that the average number of family members in an NKR's household was only 2.3, with 30.8% of NKRs living with another family member and 28.2% living alone.<sup>71</sup>

In addition to the small size of the family network, NKRs also experience higher barriers to entering the labor market compared with South Koreans due to their North Korean origin<sup>64,72</sup>; the unemployment rate of NKRs (7.0%) is twice that of South Koreans (3.7%).<sup>73,74</sup> Furthermore, the majority of NKRs are from *Hamgyong-bukdo* (or North *Hamgyong* Province), a socio-economically marginalized region in North Korea near the Sino-Korean border. Many are former manual workers or farmers with limited levels of education, so it is challenging for them to find jobs in South Korea.<sup>64</sup>

Being discriminated against is another major predictor of acculturative stress among NKRs.<sup>75</sup> An annual survey conducted among NKRs showed that 23.1% of NKRs reported experiencing discrimination or ignorance.<sup>76</sup> NKRs also tend to experience more intense discrimination when there are political conflicts between the two Koreas. For example, some NKRs had to quit their job when North Korea's torpedo attacked a South Korean navy ship and killed 46 navy men in 2010, because their South Korean co-workers equated them with North Korean enemies.<sup>77</sup> Due to the suspicious and discriminatory attitudes of South Koreans toward NKRs, many NKRs try not to disclose their North Korean origin. However, their strong North Korean accent allows South Koreans to easily recognize them. Before their arrival in the South, North Koreans expect to be welcomed as "Koreans," but in reality, South Koreans view them as different, or as "North" Koreans.<sup>78</sup>



Cultural differences serve as other factors that increase acculturative stress. NKR are not very familiar with capitalism, and some capitalist social customs, for instance, judging people based on money, is difficult for them to accept.<sup>69,79</sup> Linguistic differences exist as well, due to more than 70 years of separation. In South Korea, it is common to use words adopted from English (so-called *loanwords*), but NKR are generally not familiar with English. A survey in the newspaper indicated that 44.8% of NKR were unable to understand South Korean speech.<sup>64</sup> These subtle differences cause NKR to struggle to integrate into South Korean society, increasing acculturative stress.

### **2.3 North Korean refugee (NKR) health**

The term “refugee” has a concrete and universal definition rooted in the 1951 United Nations Convention Relating to the Status of Refugees. Refugees are “forced to flee because of a threat of persecution and because they lack the protection of their own country (p. 3).”<sup>80</sup> Escaped North Koreans are treated as the traitors of their country, and they face the risk of imprisonment, torture, or forced labor if they are repatriated to North Korea.<sup>62</sup>

In terms of physical health, refugee populations in general have relatively poor self-rated health. For instance, one-third of Iraqi refugees living in eastern Michigan, US, reported poor health.<sup>81</sup> Among refugees from Afghanistan, Iran, and Somalia residing in the Netherlands, 42.0% considered their health to be poor.<sup>9</sup> Likewise, NKR report poor health,<sup>82</sup> though most prior research has used quantitative methods to investigate NKR’s physical health. Jeon and Yoon (2004) examined NKR’s self-rated health in *Hanawon*. Among the 62 NKR participants who were admitted to *Hanawon* in November 2004, 36.3% of the participants reported their health to be poor (poor or very poor), whereas 63.7% reported having good health status (very

good, good, or normal).<sup>82</sup> This corresponds to about three times poorer health than that of South Koreans.<sup>83</sup> Chronic illnesses, such as back pain (40.3%) and dyspepsia (37.1%), were the most common physical symptoms.<sup>82</sup> After being relocated to local communities, NKRers continuously reported health problems. An annual settlement survey among 3,000 NKRers indicated that 30.7% reported having poor health (poor and very poor), whereas 69.3% reported having good health (very good, good, or normal). NKRers' self-rated health was found to be worse than that of South Koreans during the same time period because (in answer to the same question) only 15.4% of South Koreans reported having poor health.<sup>76</sup> Yoon (2007) reported that having poor health was a main cause (35.5%) of unemployment among NKRers who were seeking jobs.<sup>84</sup> Wang and colleagues (2014) investigated factors associated with self-rated health among NKRers in South Korea and found that being a woman, being elderly, having a low household income, and having a disability or chronic disease were associated with poor self-rated health. However, self-rated health was better among NKRers who had resided in South Korea for 18 months or more.<sup>85</sup>

Many studies have revealed that displaced populations have elevated levels of mental health problems.<sup>5,6</sup> Geographic displacement detaches displaced people from their place and people of origin, familiarity with the environment, and one's identity. Displacement often poses problems of nostalgia, disorientation, and alienation, which can potentially bring about mental health issues.<sup>86</sup> Continual high-stress levels pre-, during-, and post-migration potentially lead to poor mental health.<sup>87</sup> Post-traumatic stress disorder (PTSD), depression, somatization, and existential dilemmas are the most common psychological reactions reported in displaced populations.<sup>88</sup> Among 6,743 refugee adults from seven countries, Fazel, Wheeler, and Danesh (2005) reported that 9% were diagnosed with PTSD and 5% with major depression.<sup>7</sup> On the topic of NKRers' health, mental health research constitutes the majority of the research articles

published in Korean; a total of 213 papers on NKR mental health, such as depression, PTSD, anxiety, self-esteem, and suicidal ideation, were published after 1997, followed by 40 papers on behavioral health and 21 papers on perceived health status (e.g. self-rated health).<sup>89</sup> A systematic review of 56 quantitative studies on NKRs' mental health revealed that 33-51% had depressive symptoms, and 43-54% had anxiety symptoms. However, PTSD, one of the most frequently researched mental health problems among refugees, showed huge variation in this population, ranging from 4% to 52%. This variability is possibly the result of different diagnostic methods, sampling methods, or due to the heterogeneity of the samples.<sup>18</sup> Kim and colleagues (2010) examined the mental health of newly arrived NKRs (who had spent approximately a year in South Korea) and found that the prevalence of PTSD was 5%, and that 48% had symptoms of depression and anxiety.<sup>90</sup> Other researchers found that the prevalence of depression increased as the length of stay in South Korea was extended, and the prevalence of depression among NKRs was typically higher than that of low-income South Koreans.<sup>91</sup> Although numerous studies have delved into NKRs' mental disorders or symptoms, to our knowledge, no previous study has examined their well-being, a mental health indicator that captures high levels of positive emotion and life satisfaction.<sup>92</sup>

Studies on the health of NKRs has predominantly used quantitative research methods. Lim and colleagues (2017) reported that 90.7% of the papers published after 1997 used quantitative methods, whereas only 7.9% used qualitative methods.<sup>89</sup> Kim and colleagues (2014) used in-depth interviews and discovered that NKRs who lived alone often had irregular dietary habits and concerns about their health. Because there was no one to look after them when they become sick, they felt a sense of loss. They confronted difficulties in talking about their health problems with others, reporting that discussing their illnesses with South Koreans felt equivalent

to discussing their weaknesses and failures of resettlement. They perceived that health issues were uncomfortable topics to discuss, like financial hardship.<sup>93</sup> Jeon (2000) conducted 32 in-depth interviews to explore barriers to NKR's social adaptation. He discovered that South Koreans' distinct values and thoughts as well as their stereotypes against North Koreans were the biggest barriers to NKR's adaptation.<sup>94</sup> Moreover, NKR's poor social adaptation caused additional psychological trauma and stress in South Korea.<sup>94</sup>

## **2.4 Social support and health**

Social support is described as "accessible support to an individual through social ties to other individuals, groups, and the broader community."<sup>13</sup> Receiving social support is known to be essential to maintaining physical and mental health. It improves physical health by reducing morbidity and mortality and by establishing good health behaviors.<sup>95-97</sup> In contrast, low levels of social support are known to be associated with increased mortality and morbidity. Elders who perceived that they had low levels of social support showed about 3.9 times increased risk of mortality.<sup>98</sup> Low levels of social support increased morbidity, such as elevated cholesterol levels and hypertension among myocardial infarction patients.<sup>99,100</sup> In addition to the physical health benefits, a meta-analysis showed a relatively high effect size for the relationship between social support and mental health.<sup>101</sup>

Social support is important for migrants because it protects them against the negative effects of life events, thereby promoting mental health.<sup>2,102</sup> Although migrants or displaced populations often face difficulties in obtaining social support in a new society compared to the native population,<sup>103</sup> having social support could be a key determinant of physical and mental

health. Social support buffers stress caused by settlement and acculturation, and facilitates active coping mechanisms against stress.<sup>104–106</sup>

Some researchers have investigated the associations between social support and health among South Koreans. Being a South Korean of low social class, a woman, or divorced was related to receiving less support compared to others, and higher levels of social support were associated with better self-rated health.<sup>107</sup> Low socioeconomic status of single mothers in South Korea predicted poorer self-rated health.<sup>108</sup> Having less emotional support from siblings and less participation in social activities mediated these relationships and contributed to poor self-rated health.<sup>108</sup> Receiving social support increased health-related quality of life,<sup>109</sup> and reduced the impact of low marital quality on psychological distress.<sup>110</sup> Family members were the primary sources of support, particularly for older and married adults, and men were more vulnerable to having insufficient emotional support than women.<sup>111</sup>

Similarly, some researchers have examined the relationship between social support and health among NKR. Regarding physical health, low levels of social inclusion, indicated by having fewer supportive ties, was significantly associated with poor self-rated health status among NKR. NKR's self-rated health was the poorest 2-4 years after resettlement in South Korea, and it improved afterward.<sup>15</sup> Regarding the impact of social support on health, mental health has been more commonly studied than physical health. Lee and Youm (2011) investigated the structure of social relations among NKR women. The size of their social network was relatively small, with 5.68 support providers, and among their support providers, South Koreans constituted only 32%. Although the number of social ties was negatively associated with the risk of having PTSD, neither the density nor the composition of support providers (i.e. whether they had South or North Koreans in their supporting ties) appeared to be an important factor

influencing the presence of PTSD.<sup>14</sup> Another study investigated the impact of social support and social isolation on PTSD. This study defined formal support as help from staff members who work for NKR (i.e. non-governmental organization staff members or government officials), and informal support as support from neighbors. Formal support was protective for PTSD, whereas informal support did not show a protective effect. Social isolation, one of the independent variables measured with the UCLA Social Loneliness Scale, also showed a positive association with PTSD.<sup>112</sup> Lee (1997) investigated the impact of different types of social support on acculturative stress among NKRs, and found that social support significantly decreased acculturative stress. Among the types of existing social support, informational support had the largest effect followed by appraisal, material, and emotional support. However, the size of the social support network and the level of acculturative stress were not significantly associated.<sup>113</sup>

Although some qualitative studies in the fields of anthropology and sociology have explored how having social support results in better social integration,<sup>19,114–116</sup> few qualitative studies have explored the influence of social support on health outcomes. To understand diverse aspects of social relationships that NKRs form with others, Youm and Kim (2011) recruited 15 NKRs using a maximum variation sampling strategy, with the aim of understanding how NKRs built social networks in South Korea. This research suggested that NKR men actively formed social relations outside of their families. Single women were also active in forming social relations, but their efforts were restricted to seeking partners. Some NKRs intentionally confined their social relationships to their families, and those who had family and relatives in South Korea were passive in forming new relationships outside of their families.<sup>19</sup> Kim and Kim (2013) explored how NKRs had difficulties in developing social relationships in South Korea. Although some South Koreans generously assisted NKRs' resettlement, NKR participants reported that

differences in South Korean culture, such as the food culture and work environment, were major barriers to getting along with South Koreans. On the other hand, groups of fellow NKRers were common resources for emotional support. Participants explained that having conversations with their NKR friends made them forget their stifling reality and to feel like they were home. In addition, family support was one of the biggest sources of motivation for surviving in South Korea.<sup>116</sup>

## **2.5 Social support and reciprocity**

Social support does not exist in isolation. Rather, it is derived from one's social network.<sup>117,118</sup> Social support can be interpreted using social exchange theory, which highlights the interdependency between people.<sup>119</sup> Although social exchange theory proposes that people desire to maintain a balanced exchange in relationships, there is a tendency toward inequity, which consequently creates distress for both the over-benefitted and the under-benefitted.<sup>119</sup> Social support and social exchange theory are closely linked to Gouldner's theory of reciprocity. Gouldner (1960) suggested that exchanges based on moral norms (i.e. receiving from another require exchange in return), are a major causal force of mutual dependency in society.<sup>120</sup> Typically, no specific normative mechanisms are needed to maintain relationships of mutual gratification because this system is self-perpetuating with "a beneficent cycle of mutual reinforcement (p. 173)." <sup>120</sup> In other words, one's conformity with the other's expectation reinforces the other's conformity with one's expectation. However, problems arise when there are power differences between the actors, and individuals with egoistic motivations may attempt to benefit without giving in return.<sup>120</sup> Gouldner refers to this breakdown of reciprocity as

‘exploitation,’ and he asserts that the moral norms of reciprocity engenders motives of returning received benefits despite the existing power differences.<sup>120</sup>

Sahlins (1972) proposed three different types of reciprocity practiced within social groups.<sup>121</sup> Generalized reciprocity emphasizes one person providing “gifts” to the other, with little expectation of return. Balanced reciprocity refers to direct exchange, with one person giving to the other and the other giving in return. Negative reciprocity indicates attempts to get something for nothing (or an unbalanced act of return), which highlights transactions conducted for one’s own advantage.<sup>121</sup> Similarly, Clark (1984) distinguished between communal and exchange relationships by demarcating the ‘distance’ of the social relationship.<sup>122</sup> Communal relationships with family members, friends, and significant others tend not to create feelings of debt or obligation to return a received benefit because of the implicit assumption that within this relationship, one is responsive to each other’s needs. In contrast, exchange relationships with acquaintances, strangers, or co-workers engender a feeling of debt: to return with comparable benefits to the benefits that one receives.<sup>122</sup> Williams (1995) suggested ‘stepwise reciprocity’ in her study of exploring feelings of support recipients who were parents of children with cancer.<sup>118</sup> Instead of returning the benefit to the original givers, stepwise reciprocity refers to returning benefits to someone outside of the network, including total strangers in need.<sup>118</sup>

## **2.6 Motivation for the study**

Although some researchers have investigated the association between social support and health among South Koreans, prior research has separately used either quantitative or qualitative methods to examine this relationship. Using qualitative methods followed by quantitative methods, our study attempts to comprehensively examine how providing or receiving help



influences well-being among South Koreans. Furthermore, social support is integrally linked with other societal features, such as collectivism and social norms around helping people in need (i.e. a norm of social responsibility). In light of social and cultural change during the last half century in South Korea, these other social determinants, such as collectivism and norms around social responsibility, along with social support might have important implications for health. However, to our knowledge, these factors have not been investigated as determinants of South Koreans' health.

Among the studies on NKR's health, few have highlighted health-promoting factors, whereas many have focused on exploring the vulnerabilities and risk factors. For example, the traumatic events in NKR's lives, the prevalence of psychological symptoms, or maladaptation problems constitute most of the research to date. Considering the hardships that this population has experienced, their vulnerability is an undeniable fact. However, research is needed to shed light on the protective factors of health, including social support. As stated above, the role of social support in social adaptation of NKR's has been studied within the fields of sociology and anthropology, but the association between social support and health outcomes has rarely been investigated. Furthermore, existing literature on social support of NKR's has predominantly used quantitative methods. Only a few qualitative studies have explored the background and context of NKR's social relations. Hence, a well-designed qualitative study will contribute to expanding our understanding on the relationship between social support and NKR's health. Chapters 4-6 reflect these motivations for the study.

## Chapter 3. Methods

### 3.1 Study overview

This study mainly uses an inductive approach to understand the context and mechanisms through which social support is related to health. However, Chapter 4 presents two studies that employ qualitative and quantitative methods, respectively, to comprehensively understand the relationship of altruism and social support on well-being.

**Table 3.1** summarizes specific research questions and methods used to address the three study aims. Details of the sampling strategy, data collection, and data analysis corresponding to each aim are described in Chapters 4 through 6. Aim 1 is to qualitatively explore how South Koreans (SKs) conceptualize and exchange social support, and to quantitatively investigate whether altruism and social support were associated with subjective health outcomes. Aims 2 and 3 use qualitative methods to delve into the context of exchanging social support and its association with health among North Korean refugees (NKRrs) and SKs.

**Table 3.1** Overview of research aims with corresponding research questions and methods

Research Aim	Research questions	Research method
<b>Aim 1:</b>		
<u>Study 1:</u> Qualitatively explore how South Koreans (SKs) conceptualize and exchange social support	<u>Study 1:</u> 1. How do SKs understand the social environment of exchanging support? 2. What are SKs' experiences of exchanging support?	<u>Study 1:</u> In-depth interviews (IDIs) with 20 SK adults
<u>Study 2:</u> Quantitatively examine whether helping others and the exchange of social support are associated with subjective well-being	<u>Study 2:</u> 3. How do altruism and perceived social support relate to subjective well-being? 4. Do these associations vary by age group (young, middle-aged, and older adults)?	<u>Study 2:</u> Korean Social Integration Survey (KSIS), a nationally representative cross-sectional survey among 8,000 SK adults

<b>Aim 2:</b> Describe coping strategies that North Korean refugees (NKR) adopt to handle stress caused by acculturation	<ol style="list-style-type: none"> <li>1. What coping strategies do NKRs adopt in South Korea?</li> <li>2. How does exchanging social support influence NKRs' stress caused by acculturation?</li> <li>3. Do SKs and NKRs take different roles in the exchanging of social support?</li> </ol>	IDIs with 20 SK and 30 NKR adults
<b>Aim 3:</b> Explore how NRKs conceptualize norms around reciprocity, and how the exchange of support impacts their psychological well-being	<ol style="list-style-type: none"> <li>1. What are NKRs' experiences of exchanging support prior to their resettlement in South Korea?</li> <li>2. How do NKRs conceptualize reciprocity?</li> <li>3. In what ways does the exchange of social support contribute to their psychological well-being and resettlement?</li> </ol>	IDIs with 20 SKs and 30 NKRs

## 3.2 Study Setting

Seoul, the capital city of South Korea, and its metropolitan area, Gyeong-gi Province and Incheon comprise three of 17 administrative regions where half of South Koreans reside. There is considerable public rental housing in the Seoul metropolitan area for low-income households. When NKRs receive social adaptation education in *Hanawon*, an educational institute that NKRs enter during the first 12 weeks of their resettlement, they draw lots to determine the location of their rental housing; then, they are assigned to the local communities accordingly. An annual survey among NKRs indicates that 64.1% of NKRs live in the Seoul metropolitan area (32.5% in Gyeong-gi Province; 24.2% in Seoul; and 7.4% in Incheon).<sup>123</sup>

As a part of a government assistance program, NKRs become recipients of the Medical Aid Program for a maximum five years along with the 3% of South Koreans who cannot afford healthcare through the National Health Insurance program.<sup>124</sup> A total of 55 government-owned healthcare institutions provide subsidies to NKRs in addition to the Medical Aid Program,<sup>125</sup> including the National Medical Center (NMC), the primary location where the initial group of

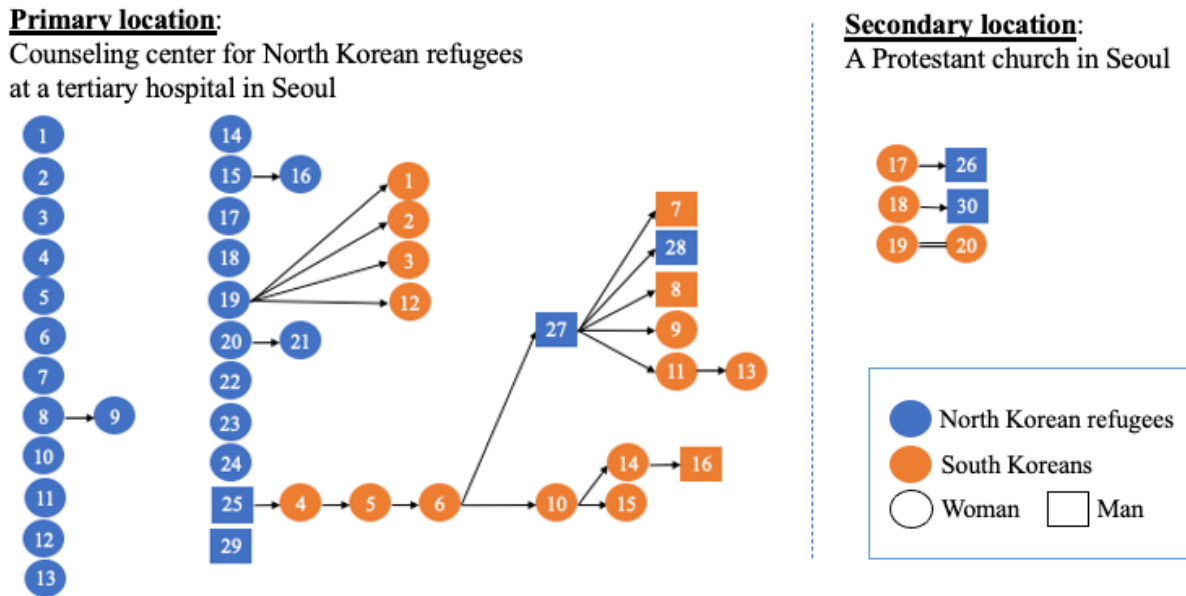
NKRs were recruited. Based in the heart of Seoul, the NMC has been one of the hospitals most frequently visited by NKRs. One of the counseling centers for NKRs, operated by a non-governmental organization that helps NKRs' adaptation, is in the NMC. Although these centers are called *counseling* centers, their main role is to facilitate the use of medical care, such as helping NKRs make doctor's appointments and taking NKRs to the doctor's office if they need assistance.

Various organizations facilitate the adaptation of NKRs to South Korea by providing a sense of belonging or by helping them build relationships with SKs. Of these, Protestant churches are essential for helping NKRs gain support, as a recent survey conducted of 13,479 NKRs indicated that 41.1% were Protestant.<sup>126</sup> A Protestant megachurch in Seoul, which has run a service for NKRs for more than ten years, was selected as a secondary location for recruitment.

### **3.3 Study design**

This study adopted a Grounded Theory approach to explore the experiences of the social support exchange of NKRs and the influence of these experiences on health. Employing purposive sampling and snowball sampling strategies, 30 NKR and 20 SK participants were recruited between September and December 2019 (**Figure 3.1**). Two locations in Seoul that NKRs frequently visited were purposively and sequentially selected for recruitment: the NMC and a Protestant church.

**Figure 3.1** Sampling procedure of the study participants



Flyers were placed at the NMC, the primary location for recruiting the initial group of NKR. At the end of each interview, NKR participants were asked to refer any NKRs or SKs who might be interested in participating in the study. Because the first 18 NKR participants did not refer any SKs, the church was added as a secondary location midway through the study to recruit additional NKRs and SKs. Participants in the church were recruited through flyers posted in the chapel and word of mouth. NKRs and SKs referred by the study participants were contacted and invited to participate in the study. The eligibility criteria for NKRs were: (1) being an NKR; and (2) age over 18. The eligibility criteria for SKs were: (1) having a social relationship with an NKR; (2) not being a family member or relative of an NKR; and (3) age over 18. Written informed consent was provided by all participants prior to participation. This study was approved by the Institutional Review Board (IRB) at the NMC and the Johns Hopkins Bloomberg School of Public Health. All participants provided written informed consent and received compensation of 25,000 won (approximately \$22) for their time.

### 3.4 Participants

#### 3.4.1 *North Korean refugee (NKR) participants*

**Table 3.2** presents demographic characteristics of NKR participants. The mean age of NKR participants was 57.9 years old, ranging from 22 to 83 years old. The mean age of women (N=24) was 59.9 years old, ranging from 40 to 83 years old, whereas that of men (N=6) was 50.2, ranging from 22 to 67. Nineteen participants were from North Hamgyong Province and five were from Ryanggang Province, provinces adjacent to the border between North Korea and China. The majority (N=22) emigrated from North Korea before the year 2010. All except one (who crossed the border between North and South Korea) stayed in one or more countries between emigration from North Korea and immigration to South Korea. Their mean duration of migration (in transit from North Korea to South Korea) was 5.1 years, ranging from 0 to 19 years. While the participants were relatively equally distributed in terms of the year of immigration to South Korea, the mean duration of stay in South Korea was 9.0 years, ranging from 3 months to 19 years. Twenty-two participants lived in Seoul, and the others lived in Gyeong-gi Province or Incheon. Eleven participants neither had family nor relatives in South Korea, and 21 participants lived alone. Three had full-time jobs, three were taking leave from either full- or part-time job mainly due to the health issues, and the rest of the participants were unemployed.

**Table 3.2** Demographic characteristics of North Korean refugee participants (N=30)

Characteristics	Mean (SD) or N (%)
Age (year)	57.9 (14.6); range 22 to 83
Gender	
Women	24 (80.0)
Men	6 (20.0)
Region of origin in North Korea	
North Hamgyong Province	19 (63.5)
Ryanggang Province	5 (16.7)
South Hamgyong Province	3 (10.0)
Pyongyang	3 (10.0)
Year of emigration from North Korea	
1997-1999	10 (33.3)
2000-2009	12 (40.0)
2010-2019	8 (26.7)
Years spent during migration (year)	5.1 (5.4); range 0 to 19
Being repatriated to North Korea during migration	11 (36.7)
Year of resettlement in South Korea	
2000-2004	5 (16.7)
2005-2009	9 (30.0)
2010-2014	9 (30.0)
2015-2019	7 (23.3)
Years spent since resettlement (year)	9.0 (5.3); range 0.25 to 19
Region of residence in South Korea	
Seoul	22 (73.3)
Gyeonggi province	7 (23.3)
Incheon	1 (3.3)
Having no family members or relatives in South Korea	11 (36.7)
Cohabitation status	
Living alone	21 (70.0)
Having any close family members	8 (26.7)
Living in shelter	1 (3.3)
Employment status	
Full-time	3 (10.0)
Part-time	2 (6.7)
Taking a leave from work	1 (3.3)
Unemployed	24 (80.0)

### 3.4.2 *South Korean (SK) participants*

The mean age of the 20 SK participants was 41.2 years old, ranging from 24 to 66 years old (**Table 3.3**). The majority were women (N=17) and lived in Seoul (N=16). Thirteen

participants had a full-time job, three had a part-time job, three were college or graduate students, and only one was unemployed. Of the total, six participants had a job relevant to NKRs, such as researcher, counselor, or missionary. Eleven participants were Protestants. More than half responded that they had equal to or less than 10 NKR friends or acquaintances (N=11), while four participants whose former or present job was related to NKRs responded that they had more than 100 NKR acquaintances. The mean duration of interacting with NKRs was 5.9 years, ranging from 8 months to 15 years. The majority (N=16) reported meeting NKRs commonly in schools, workplaces, or churches.

**Table 3.3** Demographic characteristics of South Korean participants (N=20)

Characteristics	Mean (SD) or N (%)
Age (year)	41.2 (13.7); range 24 to 66
Gender	
Women	17 (85.0)
Men	3 (15.0)
Region of residence in South Korea	
Seoul	16 (80.0)
Gyeong-gi Province	3 (15.0)
Incheon	1 (5.0)
Employment status	
Full-time	13 (65.0)
Part-time	3 (15.0)
College or graduate student	3 (15.0)
Unemployed	1 (5.0)
Religion	
Protestant	11 (55.0)
Others or none	9 (45.0)
Size of North Korean refugees (NKRs) in network	62.8
≤10	11 (55.0)
11-99	5 (25.0)
≥100	4 (20.0)
Mean duration of interacting with NKRs	5.9 (4.1); range 0.5 to 13
Location of meeting NKRs	
School or workplace	9 (45.0)
Church	7 (35.0)
Friends gathering	4 (20.0)



### 3.5 Reflexivity

The author of this dissertation conceptualized and designed the study and served as a co-investigator for the research. She is a South Korean woman who had medical training at the NMC from 2011 and 2015. During her training, about one-fifth of the patients were NKR. She had never met any NKRs before her training, but the four years of interactions with this population taught her about North Korean culture, NKRs' migration journeys, their illnesses, and the difficulties in adaptation process. This experience led her to pursue a master's degree in North Korean Studies. During her master's degree and residency, she had graduate level training in qualitative research, and was involved in two other qualitative research projects.

For this research, she conducted all of the in-depth interviews with NKRs and SKs. Among the 23 NKR participants initially recruited in the NMC, one participant (NKR17) was a former patient, and this participant contacted the author through the flyer posted in the NMC. In the beginning of each interview, NKR participants were informed of the author's former occupation, her four years of medical experiences with NKRs, and the motivation for the study. Her ability to understand NKR's dialect fluently was an advantage of building rapport with NKR participants.

The author had known four SK participants prior to the research. One NKR participant (NKR25) referred his counselor from the Hana Center (SK04), and by chance, this counselor had studied in the same graduate school of North Korean Studies with the author. The following three SK participants (SK05, SK06, SK10) also attended this school. Their former or present occupations were related to North Korea or NKRs.

As a former doctor of a several hundred NKRs, the author had formed preconceived ideas about the acculturative stressors that NKRs experience (e.g. discrimination or social isolation),

which were frequently described during the medical consultation or lectures she took while studying North Korean studies. However, because she did not have any personal/private interactions with NKR, she had limited knowledge on NKR's social interactions with other NKR or SK. From the beginning of the data collection, she kept a methodological journal to reflect on the researcher's stance and to engage in reflexivity.<sup>127</sup> Field notes written in this journal after each interview also included reflexivity notes.

### **3.6 Rigor**

This study followed procedures to achieve rigor in qualitative research proposed by Creswell (2018).<sup>128</sup> Although the author met almost all study interview participants for the first time through this research, she explained them about her prolonged engagement with NKR's health issues and her familiarity with NKR's social and cultural environment in South Korea, which possibly established some degree of rapport. Member checking, also known as participant validation, has been considered "a critical technique for establishing credibility (p. 314)."<sup>129</sup> During and at the end of each interview, the interviewer paraphrased and summarized the interview to clarify whether her understanding was accurate, adequate, and resonated with participants' experiences. Several researchers have contested the relevance of member checking in qualitative research methods aiming to develop theories—such as Grounded Theory—because results were synthesized and abstracted from individual participants.<sup>130,131</sup> However, a draft of the qualitative results was translated into Korean, and both English-written and translated versions were discussed with one NKR and two SK participants for member checking.

## **Chapter 4. How do altruism and social support influence individuals' well-being?**

### **4.1 Abstract**

Adults who engage in altruistic behavior and exchange of support experience higher levels of well-being compared to those who do not practice altruism or support exchange. Rapid socioeconomic and cultural changes in Korea have made it challenging to practice altruism and support exchange. To understand the social environment of exchanging support and its influence on well-being, we first analyzed semi-structured interviews with 20 Koreans. Young adults perceived that individualism caused indifference to others, inhibiting the support exchange. In contrast, older adults expressed a strong motivation to help others. The majority of participants described ways that the exchange of support enhanced their well-being. In a complimentary study, we analyzed a nationally representative cross-sectional survey and investigated how altruism and social support were associated with subjective well-being. Because the qualitative findings suggested age differences, we also examined whether these associations differed across age groups. Findings showed that prioritizing individual benefit over the community decreased the likelihood of high well-being (aOR=0.65, 95% CI: 0.56, 0.76). Two indicators of altruism were positively associated with high levels of well-being (aOR=1.87, 95% CI: 1.58, 2.21 social responsibility norm; and aOR=1.45, 95% CI: 1.28, 1.64 internalizing this norm). Perceiving the availability of financial support was the only type of social support that was related to high levels of well-being, especially among middle-aged and older adults (aOR=1.36, 95% CI: 1.21, 1.76 middle-aged; and aOR=1.53, 95% CI: 1.12, 2.08 older adults). Overall, findings highlight the need to promote altruism and social support among Koreans in associations with enhanced well-

being. Interventions promoting altruism and social support may particularly benefit middle-aged and older adults.

## 4.2 Introduction

While well-being, “optimal psychological experiences and functioning,” has various definitions,<sup>132</sup> an operational definition of subjective well-being proposed by Diener (1984) is widely used. Subjective well-being refers to the experience of high levels of positive emotion, low levels of negative emotion, and a high degree of life satisfaction.<sup>92</sup> This concept has been interchangeably used with ‘happiness’; therefore, maximizing one’s well-being has been interpreted as maximizing one’s happiness.<sup>132,133</sup>

Prosocial behavior, where the behavior of an individual intends to benefit others in society,<sup>134</sup> is known to enhance well-being of both helper and recipient.<sup>135,136</sup> But, what makes a person prosocial? Altruism is one motivation of prosocial behavior.<sup>134</sup> A number of studies have found that giving help without expecting payback or return is positively associated with the actor’s well-being.<sup>135</sup> Social support is another important factor that influences prosocial behavior,<sup>137</sup> and providing help, in turn, may increase one’s access to support. In Australia, people who regularly helped others through voluntary activities indicated higher life satisfaction and positive affect, which were associated with a greater availability of social support.<sup>138</sup> In addition to the positive health effects of providing help, evidence has suggested a strong relationship between perceived social support and well-being, through enhanced self-worth and self-esteem.<sup>139,140</sup>

Approaches to the provision/receipt of support are closely related to the group’s culture, of which shared attitude, beliefs, norms, and values are distinct elements.<sup>141</sup> These elements have

been transmitted through cultural groups, horizontally through socialization, and vertically through communication from one generation to another.<sup>142</sup> Prior studies have indicated that collectivist societies showed stronger altruistic tendencies compared to individualistic societies, mainly because people in collectivist societies view themselves as sociocentric and emphasize oneness with group members.<sup>143,144</sup> Some studies have suggested that the characteristics of collectivist societies act as driving forces for altruistic behavior. Exiting from one group and entering into another is challenging in the collectivist societies.<sup>145,146</sup> Due to this low mobility in collectivistic societies, maintaining one's reputation in the group is critical,<sup>147</sup> and one of the ways to maintain one's reputation in the group is by performing altruistic behaviors, which prioritize and benefit of the group.<sup>148</sup> In the same vein, people in collectivist societies perceive that they will receive higher levels and better quality of support when needed, than those in individualistic societies.<sup>147,149,150</sup>

Numerous studies have identified Korea to be a highly collectivist society, emphasizing in-group identities and valuing the interest of the group and societal harmony ahead of personal interest.<sup>147,148,151,152</sup> Traditional Korean agricultural society had a strong support system rooted in collectivism, such as practicing *gye* (mutual financing/benevolence groups), *doore* (farmer's cooperative groups), and *poomasi* (exchange of labor groups).<sup>30,31</sup> However, rapid economic and social transitions, accompanied with modernization and industrialization starting from the 1960s, resulted in cultural change.<sup>38</sup> Some researchers have suggested that the economic crisis of the late 1990s accelerated and intensified these changes, that Western and individualistic values began to take root over traditional and collectivist values.<sup>3,153,154</sup> This gradual transition from collectivism to individualism may have affected the perceptions and actions of prosocial behaviors among Koreans. However, how Koreans perceive and experience the exchange of

support has rarely been explored. Moreover, whether perceptions and actions of prosocial behaviors are associated with well-being among Koreans is largely unknown.

Given this background, we carried out two studies to understand the exchange of support and its influence on well-being. Using a qualitative approach by analyzing semi-structured individual interviews with 20 Koreans, we first sought to explore how participants perceived the social environment around the exchange of support, and how their experiences of exchanging support influenced their well-being. Then, through analysis of a nationally representative cross-sectional survey, we investigated how altruism and social support are associated with subjective well-being, and whether these associations differ by age group.

## **Study 1**

In Study 1, we qualitatively analyzed 20 semi-structured interviews conducted with Koreans in a study exploring social support and its impact on well-being.

## **4.3 Methods**

### ***4.3.1 Study design***

The qualitative data used in this study were part of a qualitative parent study aimed to explore the exchange of social support within and between South Koreans and North Korean refugees living in South Korea. Guided by a Grounded Theory approach, the larger parent study was conducted from September to December 2019 with 30 North Korean refugees and 20 South Koreans who were friends or acquaintances of North Korean refugees. Initial participants were recruited in two locations in Seoul, South Korea, where South Koreans and North Korean refugees commonly interacted with each other: a government-owned hospital that was frequently

visited by North Korean refugees and a Protestant church that had a service for North Korean refugees. Using purposive sampling, participants were recruited through flyers placed at each location, and other participants were referred using snowball sampling. The current study included 20 South Koreans who met eligibility criteria. Inclusion criteria were (1) having a social relationship with a North Korean refugee; and (2) being over 18 years old. Exclusion criterion was being a family member or a relative of a North Korean refugee.

#### 4.3.2 *Participants*

Mean participant age was 41.2, ranging from 22 to 66. Seventeen participants were women, and 16 lived in Seoul. Sixteen participants had full- or part-time jobs, three were college or graduate students, and one was a housewife. More than half of the participants (N=11) were Protestants (See **Table 4.1**). This study was approved by the Institutional Review Board at the National Medical Center, Seoul, South Korea and the Johns Hopkins Bloomberg School of Public Health. All participants provided written consent form, and were reimbursed 25,000 won (approximately US \$22) for their time.

**Table 4.1** Demographic characteristics of South Korean qualitative research participants (N=20)

Characteristics	Mean (SD) or N (%)
Age (year)	41.2 (13.7); range 24 to 66
Age group	
Young adult (age 19-29)	6 (30.0)
Middle-aged (age 30-59)	11 (55.0)
Older adult (age 60-69)	3 (15.0)
Gender	
Women	17 (85.0)
Men	3 (15.0)
Region of residence	
Seoul	16 (80.0)
Gyeong-gi Province	3 (15.0)

Incheon	1 (5.0)
Employment status	
Full-time	13 (65.0)
Part-time	3 (15.0)
College or graduate student	3 (15.0)
Unemployed	1 (5.0)

#### 4.3.3 *Data collection*

A total of 20 South Koreans participated in semi-structured interviews, with 18 individual in-depth interviews and one paired in-depth interview. Interview locations, including a quiet café, park, or interviewee's workplace, were chosen based on the participants' preferences. Each participant was interviewed once. The mean interview time was 57 minutes, ranging from 32 to 93 minutes. The interview topics of the parent study included the social milieu of exchanging social support in South Korea; the perceived meaning of providing and receiving help; and experiences of interacting and exchanging social support in the participant's social network (excluding support exchange with relatives), with both South Koreans and North Korean refugees. The current study focused on the specific context of exchanging help among South Koreans (hereafter, Koreans), excluding topics related to social interactions with North Korean refugees.

#### 4.3.4 *Data analysis*

All interviews were digitally recorded and transcribed verbatim in Korean, and meaningful quotes were translated to English. Structural coding was initially used to sort segments of data that were relevant to the study research questions.<sup>155</sup> Structural coding is commonly used at the initial stage of coding and categorizing the data, and Saldaña (2016) suggested that this method may be more suitable for interview transcripts, rather than researcher-



generated field notes.<sup>156</sup> Three structural codes were applied to the interview transcripts: (1) Korean culture, (2) personal experiences of exchanging support, and (3) meanings of support exchange. Next, descriptive coding was performed to identify and summarize topics in a word or short phrase.<sup>157</sup> Then, pattern coding was used to reorganize and reanalyze data coded through structural coding and descriptive coding.<sup>157</sup> Atlas.ti 8 (Scientific Software Development GmbH, Berlin, Germany) was used to facilitate data management, organization, and analysis.

## 4.4 Results

Based on structured coding, we focused on three recurrent topics: 1) the Korean social and cultural environment that promoted or discouraged helping others, 2) how participants practiced altruism; and 3) how participants actually exchanged social support within their social networks.

### 4.4.1 *Korean culture that facilitated or discouraged helping others*

Some participants reported that being passionate, having *heung* (positive energy or joy), sticking together, or having a lot of *jeong* were salient characteristics of the Korean people. Among these, *jeong* is a unique concept in Korean culture that participants defined as showing intimacy, affection, or taking care of others. A woman aged 57 described that one example of having a lot of *jeong* was “[emotionally] taking care of others. *Jeong* is like checking in with others and asking how they are doing. These are small things, but crucial in life.”

However, the majority of the participants (N=16) reported that it has become tougher to exchange support in the social atmosphere of today, compared to just one or two decades ago,

because of the Westernization, rampant individualism, and competitiveness in society. This perception was particularly common among young adults in their twenties.

*Our country wasn't like this even five or six years ago, but it is changing so rapidly. Everyone used to be in a community, having a community-based values like helping each other. Not paying back what you received pricked your conscience. [However,] like a social trend, now [the society] is so individualized. (A college student aged 27, man)*

One participant aged 24 stated, “Koreans are cold and egocentric. Living in competitive society, they are like, ‘don’t rely too much on me beyond a certain point’.” Many highlighted indifference to others was spreading quickly, and attributed this indifference to individualism. Interestingly, some participants perceived individualism as negative concept that was similar to egoism. As one participant aged 65 stated, “Koreans calculate their own necessities and benefits. [It is a kind of] individualism.” This participant described that Koreans these days neither provide nor receive any help.

Several participants attributed the social changes to concurrent economic changes. One woman aged 46, who experienced industrialization in her teens, reported, “You couldn’t survive unless you beat others. In this densely populated country, there are few people whom you need to take care of and treat nicely, while most are enemies or people to be excluded. So, people don’t care about others and don’t want to give up their benefit.” Some young participants stated that the economic crisis in year 1997 and following renewal created an atmosphere of prioritizing benefits for oneself over that of others. One woman who experienced this economic crisis in her teens recalled:

*The whole country was reborn, and people began to think money and wealth are the best. Kids learned how to win competitions to become rich. Friends were competitors. These kids are now in their 20s, thinking their success is the highest priority. There is no need to pay attention to things that don’t benefit their success. (Office worker aged 28, woman)*

#### 4.4.2 Altruism in practice

Although many participants perceived that the culture was becoming more averse to helping others, the majority reported that they valued helping others. Particularly, this notion was salient among middle-aged participants. Middle-aged individuals reported their willingness to help others, because in a connected society, help eventually *flows* to someone who is in need. As one participant stated,

*If I help person A, then A can help a person B, not me. Similarly, if I receive help from person A, then I can help person B, not A. Anyways help flows to someone who needs it. I learned it as I got older. (Kindergarten teacher aged 46, woman)*

Several participants stated that helping others brought inner peace, pleasure, and happiness. Others indicated that helping others was *sharing jeong*, which provided a sense of belonging and brought meaning to life. One participant aged 41 who regularly volunteered at facilities for the severely disabled stated, “Because there aren’t enough helpers for these [disabled] people, I felt I was indispensable to them. This sharing (helping) gives me pleasure and satisfaction.” Likewise, another participant aged 53 described her experience of helping others: “It was past dusk, and one student was finding a specific building. I knew where it was and guided her to that building. She showed gratitude and I was happy to do so.”

Some participants underpinned that helping others is essential even when it only benefits the help recipients. One 65-year-old participant reported that she would like to help others if it would help someone stand on his/her own. In the same vein, a woman in her twenties working at an organization for supporting marginalized populations described how help improves the recipients’ well-being: “[Receiving help is important because] everyone needs warm attention. One will find no meaning in life if he or she doesn’t have any.” On the other hand, one participant in her forties stated that helping vulnerable populations may not be of interest to her

because “there is no direct benefit [for me]; thus, there is no reason to yield my right [to them] with a mind for altruism.”

#### 4.4.3 Experiences of exchanging support within an individual’s social networks

All participants reported believing that exchanging support with friends and coworkers leads to a happy life. Several participants, especially young adults, suggested that providing emotional support to others can contribute to improving giver’s happiness. One participant stated, “Helping others makes me happy. It also makes me think that I am an important person to them, increasing my satisfaction.” Some young participants described that providing support is an important first step to building social connections, as one participant in his twenties stated, “Human relationships mature through the exchange of help, and the relationships begin by providing help.” Another participant aged 27 described a virtuous cycle of helping others—the repetitive provision of support created feelings of achievement, which in return motivated her to help more. Similarly, elderly participants described their willingness to help others (especially people younger than them) through mentoring or sharing materials. One elderly participant stated, “I take care of them (people younger than me) because they are [like] my kids, then I become happy. If they need something, I give what I have.” On the other hand, two participants in their forties showed a more complex view toward providing support unless asked. One of them stated,

*I can certainly help others if they ask me for help, but I am not a person who offers help beforehand. I don’t know if they need my help or not unless they let me know. I may hurt their pride by offering help in advance. (Kindergarten teacher aged 46, woman)*

In addition to the perceived positive health effects of providing support, participants stated that receiving support from friends and coworkers brought happiness by reducing stress or

enhancing self-esteem. One participant in his twenties described, “When someone helps me, [I feel] he thinks of me or that I have an influences in his life. Then my self-esteem goes up.” One middle-aged participant reported, “Receiving help from others makes you feel that this society is at least livable ... [because] everyone is dependent on others. This perception certainly reduces stress.” One participant in her twenties recalled her experience of receiving emotional support when she could not stop thinking about negative things: “I couldn’t stop thinking and I was depressed. Then my friend visited me and while chatting with her, I was able to divert my mind from these thoughts.” In terms of tangible support, three participants who were living alone (all in their thirties) reported that when ill, tangible support from friends was invaluable. One participant stated, “Sometimes living alone is a bit too much. But through close friends, I can take care of them, they can take care of me. It’s the same for health issues.” Another participant described, “My church friends take care of me when I am sick. They ask me how my health is, and encourage me to stay well. Sometimes, they come to my house and cook meals for me.” In contrast, older participants tended to receive support from their family, and some of them questioned why they would need further tangible support when they already have closer relationships with family than with friends or coworkers. Two elderly participants reported that they were not used to receiving help, as one of them described, “Koreans often politely refuse others’ help and I do that too. Even if I really need help, I end up saying ‘no, thank you’ when someone offers help. Not wanting to cause this person trouble, I feel ashamed [about accepting help].” Another elderly highlighted the relationship between a healthy attitude and exchange: “Providing and receiving support well are important. People who do both well are [emotionally] healthy.”

## 4.5 Discussion

Results provided insight into how Korean culture facilitated or hindered helping others. Interestingly, perceptions and behaviors of altruism and social support were subtly different across age groups. The Korean culture of *sharing jeong* was commonly reported as a motivation for helping others, primarily among older adults who were more likely to be generous in helping others. On the other hand, prioritizing benefits to the individual (often described as individualism) was perceived as negative, especially among young adults, causing indifference to others and hindering the exchange of support. The majority of participants stated that helping others enhanced their happiness. Within individual networks, participants reported that exchanging support gave them pleasure and satisfaction. While participants had some level of consensus that exchanging support was important, older participants were reluctant to receive support because their personal traits (such as embarrassment or shame in receiving support) were expressed as a main barrier to receiving help from others.

In Study 2, we expand on these results by quantitatively examining how perceptions of providing and receiving help relate to subjective well-being, and how these associations vary by age group.

### **Study 2**

In this study, the Korea Social Integration Survey (KSIS), a nationally representative cross-sectional survey among adults aged between 19 and 69, was used to investigate how altruism and social support are associated with well-being. In addition, we also examined whether these associations differ by age group based on the findings of Study 1.

## 4.6 Methods

### 4.6.1 *Data*

The KSIS survey has been conducted annually since 2013 by the Korea Institute of Public Administration. This study uses survey data conducted in September and October 2018. Using the 2016 Korean Census as a sampling frame, 52 strata were created. Based on the proportion of households in primary sampling units (PSUs), 400 PSUs were selected from the 52 strata using a probability proportional systematic sampling strategy. As secondary sampling units (SSUs), ten households were selected from each PSU through systematic sampling strategy. All household members between age 19 and 69 were surveyed through in-person interviews with trained interviewers, resulting in a total of 8,000 participants. Detailed procedures are described elsewhere,<sup>158</sup> and the data have been publicly released on an open data portal, a website operated by the Ministry of the Interior and Safety (<http://www.data.go.kr>). The IRB at the Johns Hopkins Bloomberg School of Public Health determined this study to be exempt from review.

### 4.6.2 *Measurements*

- Subjective well-being

Subjective well-being was measured using a four-item scale developed by the Office for National Statistics (ONS) in the United Kingdom, often referred to as the ONS4<sup>159</sup>. Each item in the ONS4 measures life satisfaction, self-worth, happiness, and anxiety. Life satisfaction was assessed by asking, “Overall, how satisfied are you with your life nowadays?” Worthiness used a question, “Overall, to what extent do you feel that the things you do in your life are worthwhile?” Happiness was measured with the question, “Overall, how happy did you feel yesterday?”, while anxiety was measured by asking, “Overall, how anxious did you feel

yesterday?” Responses to each item were on 11-point scale, ranging from 0 (not at all) to 10 (completely). To assess the average levels of well-being, the average of the four items were calculated and used as an outcome after reversing the item measuring anxiety. Internal consistency of these four items among the study population was fairly high (Cronbach’s  $\alpha=0.79$ ).

- Personal values and altruism

Prioritization of benefit was measured with the question, “Which do you think is more important between benefits to the community or to the individual?”, and three answer options were ‘community benefit,’ ‘individual benefit,’ and ‘both are equally important.’ Variables related to norms of social responsibility, internalization of social responsibility, and prioritization of benefits were used to measure altruism. Norms of social responsibility and internalization of social responsibility were assessed through the questions, “I believe that people in better situation should help others who are in need,” and “It is important to me to help the people who are in need.” Answer options were given on four-point Likert scale measuring the degree of agreement with each statement. Response categories ‘strongly disagree’, ‘disagree’, ‘agree’, and ‘strongly agree’, were dichotomized into ‘agree’ versus ‘disagree.’

- Social support and network

Perceived social support was measured using three questions about the number of the potential social support providers. Two questions were used to measure tangible support—financial support and support when ill. Financial support was assessed asking, “How many people can lend you money if you need a large sum?” and support when ill was measured with



the question, “How many people would help you if you are ill?” Emotional support was measured with the question, “How many people can you talk to when you are depressed or stressed out?” Each question had five answer options: none, 1-2, 3-4, 5-9, and  $\geq 10$ , and these were dichotomized into ‘having at least some’ or ‘none.’ Social connectedness with non-family or non-relatives was measured through seven answer options: none, 1-2, 3-4, 5-9, 10-19, 20-49, and  $\geq 50$ . This variable was dichotomized into ‘high ( $\geq 5$ )’ and ‘low (0-4)’ social-connectedness based on the median.

- Covariates

Participant age was categorized into 19-29, 30-39, 40-49, 50-59, and 60-69. Marital status was categorized into married, single, divorced, and widowed, which we dichotomized into married versus unmarried. The highest level of education was originally measured using eight categories: (1) none, (2) elementary school, (3) middle school, (4) high school, (5) community college, (6) university, (7) master’s degree, and (8) doctoral degree. We recategorized education into three categories: middle school and below, high school, and college and above. Monthly income was based on 12 categories, starting from none to more than \$10,000 per month (1,000 won $\approx$ US\$1), which were recategorized into  $< \$3,000$ ,  $\$3,000-\$5,000$ , and  $> \$5,000$ . Employment was self-reported with a question, “Have you worked more than an hour to earn income during the past week?” Participants responded ‘no’ were classified as unemployed, while ‘yes’ responses were classified as employed. Self-rated health was measured with a question, “How would you rate your overall health?”, using answer options of five-point Likert scale: very good, good, fair, poor, and very poor. Based on descriptive statistics, SRH was dichotomized into “good” (very good and good) and “poor” (fair, poor, and very poor).

#### 4.6.3 *Statistical analysis*

Survey weights were applied to all analyses to take the complex survey design into account. Based on the findings of the qualitative study and cutoffs used in the existing literature,<sup>160,161</sup> analyses were conducted among three different age groups of young adults (age 19-29), middle-aged (age 30-59), and older adults (age 60-69). Participant descriptive characteristics across the three age groups were compared using Pearson's chi-squared statistics. To examine independent effects of predictor variables on well-being, a series of multivariate logistic regression models were performed with the total sample, and each age group, adjusting for gender, marital status, education level, monthly household income, employment status, and self-rated health. All statistical tests were two-sided at the  $p < 0.05$  level. Adjusted odds ratios (aORs), p-values, and 95% confidence intervals (CIs) were used to evaluate statistical significance. The data in this study were analyzed using Stata version 15.1 (StataCorp, College Station, TX).

### 4.7 Results

**Table 4.2** presents participant descriptive characteristics. Of the 8,000 participants, middle-aged adults were more likely to report high levels of well-being (43.41%), compared to young or older adults ( $p = 0.03$ ). Young and middle-aged adults tended to prioritize individual benefits (19.3% for young; and 19.5% for middle-aged) compared to older adults (14.4%,  $p < 0.01$ ). However, agreement on social responsibility norms and internalization of the norms were not clearly different across the age groups, with the majority in all groups agreeing to

helping others. Of the three types of perceived social support, older people were less likely to have any support resources and be socially connected with others.

**Table 4.2** Descriptive characteristic of the study sample: South Korean adults aged 19-69 in 2018, stratified by age group (N=8,000)

	Total (N=8,000), N (%) <sup>1</sup>	Young Adult (age 19-29, N=1,356), N (%) <sup>1</sup>	Middle-aged (age 30-59, N=5,190), N (%) <sup>1</sup>	Older Adult (age 60-69, N=1,454), N (%) <sup>1</sup>	p- value <sup>2</sup>
<u>Personal well-being</u>					0.03
High (>6.5)	3,551 (42.02)	594(39.83)	2,380 (43.41)	577 (39.07)	
Low (≤6.5)	4,449 (57.98)	762 (60.17)	2,810 (56.59)	877 (60.93)	
<u>Personal values and altruism</u>					<0.001
Prioritization of benefit					
Individual benefit	1,487 (18.67)	287 (19.33)	975 (19.49)	225 (14.44)	
Community benefit	952 (11.58)	140 (10.99)	579 (10.85)	233 (15.33)	
Neutral	5,561 (69.75)	929 (69.68)	3,636 (69.65)	996 (70.23)	
Social responsibility norm					0.61
Agree	6,947 (85.79)	1,168 (85.50)	4,506 (85.60)	1,273 (86.92)	
Disagree	1,053 (14.21)	188 (14.50)	684 (14.40)	181 (13.08)	
Internalizing social responsibility					0.89
Yes	5,528 (65.68)	923 (65.15)	3,594 (65.70)	1,011 (66.23)	
No	2,472 (34.32)	433 (34.85)	1,596 (34.40)	443 (33.77)	
<u>Social support and network</u>					<0.001
Financial support					
Having at least some	6,450 (81.73)	1,050 (78.73)	4,318 (84.29)	1,082 (74.95)	
None	1,550 (18.27)	306 (21.27)	872 (15.71)	372 (25.05)	
Support when ill					0.04
Having at least some	7,179 (90.72)	1,220 (92.12)	4,686 (90.73)	1,273 (88.95)	
None	821 (9.28)	136 (7.88)	504 (9.27)	181 (11.05)	
Emotional support					0.09
Having at least some	7,456 (93.53)	1,264 (93.70)	4,866 (93.89)	1,326 (91.83)	
None	544 (6.47)	92 (6.30)	324 (6.11)	128 (8.17)	
Social connectedness					<0.001
High (≥5)	2,315 (23.15)	539 (39.83)	1,426 (28.26)	350 (21.18)	
Low (0-4)	5,685 (70.57)	817 (60.17)	3,764 (71.74)	1,104 (78.82)	
<u>Gender</u>					0.30
Men	3,975 (50.84)	710 (52.61)	2,543 (50.78)	722 (48.85)	
Women	4,025 (49.16)	646 (47.39)	2,647 (49.22)	732 (51.15)	
<u>Marital status</u>					<0.001
Married	5,063 (65.54)	115 (6.39)	4,295 (80.41)	1,193 (78.64)	

Single/divorced/widowed	2,397 (34.46)	1,241 (93.61)	895 (19.59)	261 (21.36)	<0.001
<u>Education level</u>					
Middle school and below	842 (8.48)	3 (0.21)	225 (3.35)	614 (40.01)	
High school	2,982 (34.78)	192 (14.95)	2,118 (37.72)	672 (47.58)	<0.001
College and above	4,176 (56.74)	1,161 (84.84)	2,847 (58.93)	168 (12.42)	
<u>Monthly household income</u>					
(1,000won≈US\$1)					<0.001
< \$3,000	2,085 (26.55)	381 (32.82)	969 (18.87)	735 (50.32)	
\$3,000-\$5,000	3,203 (28.29)	414 (27.62)	2,306 (43.11)	483 (32.47)	
> \$5,000	2,712 (35.06)	561 (39.56)	1,915 (38.02)	236 (17.21)	<0.001
<u>Employment status</u>					
Employed	5,865 (73.86)	738 (56.54)	4,192 (81.57)	935 (63.83)	<0.001
Unemployed	2,135 (26.14)	618 (43.46)	998 (18.43)	519 (36.17)	
<u>Self-rated health</u>					
Good	5,496 (70.87)	1,148 (86.66)	3,652 (71.55)	696 (48.23)	<0.001
Poor	2,504 (29.13)	208 (13.34)	1,538 (28.45)	758 (51.77)	

<sup>1</sup> Counts and column percentages are presented unless explained otherwise.

<sup>2</sup> Pearson's chi-squared statistics were used to examine differences in age groups.

Note: Survey weights were used to account for sampling probabilities and response rates.

Prioritizing benefits to the community was not clearly associated with well-being (**Table 4.3**). In contrast, prioritizing benefits to the individual was associated with decreased odds of high well-being for all age groups, compared to a neutral response (aOR=0.65, 95% CI [0.56, 0.76] for the total population). Overall, agreeing that the norm of social responsibility is important and internalizing this norm were positively associated with high well-being. Specifically, young and middle-aged participants who agreed social responsibility was important showed higher odds of high levels of well-being compared to those who disagreed (aOR=2.08, 95% CI [1.36, 3.18] in young adults; aOR=1.96, 95% CI [1.59, 2.40] in middle-aged), whereas no clear associations were found among older adults. Middle-aged and older participants who reported internalizing social responsibility showed increased likelihood of high well-being (aOR=1.53, 95% CI [1.32, 1.78] in middle-aged; and aOR=1.55, 95% CI [1.17, 2.04] in older adults), but this association was not clear among young adults (aOR=1.20, 95% CI [0.88, 1.62]).

**Table 4.3** Adjusted associations of personal values, perceived social support, and social connectedness with high levels of subjective well-being, stratified by age group (N=8,000)

	Total (N=8,000),	Young Adult (age 19-29, N=1,356)	Middle-aged (age 30-59, N=5,190)	Older Adult (age 60-69, N=1,454)
	aOR <sup>1</sup> (95% CI)	aOR <sup>2</sup> (95% CI)	aOR <sup>2</sup> (95% CI)	aOR <sup>2</sup> (95% CI)
<b>Personal values and altruism</b>				
Prioritization of benefit				
Neutral	Ref	Ref	Ref	Ref
Individual benefit	<b>0.65 (0.56, 0.76)</b>	<b>0.66 (0.46, 0.95)</b>	<b>0.65 (0.55, 0.78)</b>	<b>0.59 (0.40, 0.87)</b>
Community benefit	1.11 (0.93, 1.33)	0.99 (0.61, 1.61)	1.19 (0.95, 1.49)	1.00 (0.71, 1.42)
Social responsibility norm				
Disagree	Ref	Ref	Ref	Ref
Agree	<b>1.87 (1.58, 2.21)</b>	<b>2.08 (1.36, 3.18)</b>	<b>1.96 (1.59, 2.40)</b>	1.42 (0.97, 2.06)
Internalizing social responsibility				
No	Ref	Ref	Ref	Ref
Yes	<b>1.45 (1.28, 1.64)</b>	1.20 (0.88, 1.62)	<b>1.53 (1.32, 1.78)</b>	<b>1.55 (1.17, 2.04)</b>
<b>Social support and network</b>				
Financial support				
None	Ref	Ref	Ref	Ref
Having at least some	<b>1.34 (1.15, 1.56)</b>	1.12 (0.78, 1.61)	<b>1.36 (1.12, 1.65)</b>	<b>1.53 (1.11, 2.09)</b>
Support when ill				
None	Ref	Ref	Ref	Ref
Having at least some	1.11 (0.92, 1.33)	0.97 (0.62, 1.52)	1.16 (0.92, 1.48)	1.04 (0.70, 1.53)
Emotional support				
None	Ref	Ref	Ref	Ref
Having at least some	1.13 (0.91, 1.42)	1.08 (0.60, 1.95)	1.11 (0.84, 1.46)	1.23 (0.80, 1.91)
Social connectedness				
Low (0-4)	Ref	Ref	Ref	Ref
High (≥5)	<b>1.19 (1.05, 1.35)</b>	1.32 (0.98, 1.77)	1.13 (0.97, 1.32)	<b>1.35 (1.01, 1.81)</b>

<sup>1</sup> Adjusted for age, gender, education level, marital status, employment status, monthly household income, and self-rated health.

<sup>2</sup> Adjusted for gender, education level, marital status, employment status, monthly household income, and self-rated health.

Middle-aged and older adults who had any sources of financial support indicated increased odds of having high well-being compared to those having no financial support (aOR=1.36, 95% CI [1.12, 1.65] middle-aged; and aOR=1.53, 95% CI [1.11, 2.09] older adults). Having any support when ill or having emotional support were not associated with higher odds of well-being across age groups. Older adults with high social connectedness indicated 1.4 times

the odds of having high well-being compared to those with low social connectedness (aOR=1.35, 95% CI [1.01, 1.81]), whereas these associations among young and middle-aged adults were not clear.

## **4.8 Discussion**

Expanding upon the qualitative findings from Study 1, prioritizing individual benefit over community benefit was negatively related to high levels of well-being, which partially support the findings from Study 1, that participants showed negative perceptions of people who prioritized individual benefit over benefit to the community. Study 2 also revealed that altruism was positively associated with high levels of well-being. In contrast, the perception of having financial support was the only support measure that showed a significant association with high levels of well-being, especially among middle-aged and older adults. Social connectedness among older adults was clearly related to high levels of well-being.

## **4.9 General discussion**

The current research attempted to explore whether exchanging support is linked to an individual's well-being. In Study 1, participants who were willing to help others reported more happiness and satisfaction, despite the perception of prevalent individualism that they perceived as discouraged helping others. When quantitatively investigating these associations (Study 2), regardless of age, people who prioritized individual benefit over benefit to the community were less likely to report high levels of well-being. Adults who supported norms of social responsibility or internalized this norm were more likely to have high levels of well-being. Financial support was clearly associated with well-being in the total sample of participants.

Therefore, our results suggest that providing and receiving help make people happier, and our quantitative findings corroborated the qualitative results by showing age differences among the perceptions and behaviors related to altruism and social support.

Our findings contribute to our understanding individualism in a collectivist society, which is largely a novel topic in the literature on well-being. In Japan, individualism also has been observed to be negative, i.e. that individualism is regarded as being selfish and lonely.<sup>162</sup> Ogihara and Uchida (2014) found that having individualistic values was negatively associated with one's number of close friends and well-being among Japanese adults.<sup>163</sup> Similarly, our findings showed an association between prioritizing benefits to the individual and low levels of well-being, possibly due to limited social relationships among these individuals. Furthermore, although the concept of well-being has been studied more in Western countries (e.g. US or European countries) where individualism is valued more, a growing body of literature suggests that people in the collectivist societies may pursue different types of well-being.<sup>164–166</sup> For instance, high levels of well-being in individualistic countries may be defined by pursuing one's own happiness, whereas in collectivist countries, it may be defined in more socially engaged ways (e.g. seeking happiness within family and relatives, or helping others).<sup>164</sup> A study conducted in 12 countries showed that the association between individualism and well-being attenuated when collectivism-themed measures of well-being were included in the analysis, indicating that some cultural components of collectivism may not explain the current measures of well-being.<sup>166</sup> Further research to develop measures of well-being that are appropriate within both collectivist and individualistic societies is needed to improve our understand of collectivism, individualism, and well-being.

Our study suggests that altruism is an important human characteristic that affects subjective well-being. A systematic review reported that providing help through volunteer activities (a proxy of altruism) was related to a decreases in depressive symptoms as well as an increase in life satisfaction and well-being.<sup>167</sup> A study conducted in the US among retirement community dwellers found that altruistic attitudes, along with prosocial behaviors, were positively associated with life satisfaction and positive affect.<sup>168</sup> A study in Australia identified self-esteem, self-efficacy and social connectedness as mediators of the positive association between volunteerism and well-being.<sup>169</sup> However, little research has focused on age-related differences in relation to altruism. agreeing on help others was associated with high levels of well-being among young and middle-aged adults. A previous research has suggested that younger adults showed more self-centered behavior that aims to maximize their financial gain,<sup>170</sup> and our findings in Study 1 indicated that young adults perceived social milieu to be more challenging in helping others. However, young adults who rejected this social trend and atmosphere and were willing to help others had high levels of well-being. Internalizing social responsibility norm (i.e. adopting the norm of helping others as one's own principle) was positively related to high levels of well-being among middle-aged and older adults. Consistent with previous findings that older adults are more likely to show altruistic behaviors,<sup>170,171</sup> our findings suggest that altruism may be a more important personal value that promotes well-being of older group of adults in comparison to younger adults.

One alternative explanation for our findings in Study 1, that middle-aged and older participants were reluctant to offer or receive support in order not to damage others' or their pride, could be related to the culture *chemyeon*. *Chemyeon* refers to “principles to follow, obligations to fulfill, or face to save in order to meet others without a sense of shame,”<sup>172</sup> and it



has been discussed as a salient feature of Korean culture.<sup>173</sup> Koreans tend to maintain *chemyeon* by demonstrating their ability corresponding to the expected social status; thus, lack of ability is a major source of shame and loss of *chemyeon*.<sup>172</sup> Because Korean society is rooted on a hierarchy of gender, age, or rank, middle-aged and older adults may be more self-conscious of their *chemyeon* compared to younger adults.

In Study 2, we demonstrated that financial support and social connectedness were significant factors associated with high levels of well-being among older adults. As one of the world's fastest aging countries, Korea faces a crisis among seniors, with about half of Koreans age over 65 (43.8%) living in poverty.<sup>174</sup> While increasing income and reducing poverty among elders are critical for improving well-being, enhancing social connections among this population could also result in higher levels of well-being. Senior centers may be essential places to expand the social networks of elders. Despite the protective health effects among elders who utilize senior centers in Korea,<sup>175</sup> these centers are becoming unpopular, mainly due to the lack of education programs that would keep seniors physically active or provide volunteer opportunities.<sup>176</sup> While these centers rarely provide long-term programs, most seniors spend time playing board games (e.g. *hwatu* (card games), *baduk* (Go), or Korean chess).<sup>176</sup> In contrast, the Japanese government launched community-based senior centers and held various social activities, ranging from arts, crafts, games, and interactive activities with preschool children.<sup>177</sup> These community health promotion programs led to an increase in social interactions among elders.<sup>177</sup> Such interventions, aiming to diversify education programs and link different generations through senior centers, may be effective in expanding social networks among Korean elders.

There are several limitations to the two studies presented in this chapter that need to be noted. First, the quantitative data were from a study conducted by a South Korean government institution, whereas the qualitative data were independently collected through a separate study aiming to understand the exchange of social support. Therefore, although we tried to interpret the results with an integrative perspective, there are inevitably discrepancies between the two types of data. Our qualitative participants may have had higher levels of altruism and social support than general Korean population because they were recruited among potential support providers of North Korean refugees. One limitation of the quantitative data was its cross-sectional design, which inhibits us from making causal inferences. Moreover, our study included multiple single questions to assess the respondents' attitudes and perceptions of altruism and social support, limiting our ability to capture the multifaceted aspects of these concepts. Future research should focus on the development of improved measures to improve their validity.

In conclusion, the present studies suggest that altruism and social support enhance the well-being of Koreans. Although individualistic culture has been gradually replacing collectivism, Korea is largely considered a collectivistic society.<sup>178</sup> The findings underscore that personal values that oppose the mainstream collectivist culture may be perceived as negative, leading to low levels of well-being. We also observed age differences in the context of social support and well-being, i.e. that social support was not clearly related to well-being of young adults, whereas older adults were more willing to provide help, and that perceived financial support was linked to high levels of well-being. Because age differences in the context of social support and well-being have not been well investigated, further studies in this topic may be needed to better understanding and promoting altruism, social support, and well-being.

## **Chapter 5. Coping strategies adopted by North Korean refugees in South Korea**

### **5.1 Abstract**

Geographical displacement affects the psychological health of forced migrants. In response, migrants employ coping strategies to adapt to the host community. Using a Grounded Theory approach, we conducted semi-structured interviews with 30 North Korean refugees (NKR) in South Korea and 20 South Koreans (SKs) to understand coping strategies adopted by NKR. We also sought to explore whether NKR pursue different coping strategies depending on type of social network member (i.e. NKR, SK, or Korean Chinese). We found that NKR cope by exchanging emotional and informational support with members of culturally similar groups (i.e. NKR or Korean Chinese), and building solidarity with them. NKR described expanding their social networks to include SK, and many SK tried to develop family-like relationships with NKR. All NKR who reported that they strategically approached SK to learn about South Korean culture had held full-time jobs and appeared to be better adjusted to South Korea. To reduce acculturative stress, NKR sought different types of coping strategies that varied depending on the type of social network members. These findings could be used to develop interventions linking NKR with different cultural groups, thereby fostering coping strategies and promoting mental health.

### **5.2 Introduction**

As a consequence of globalization, international migration often results in acculturation difficulties, thereby increasing the risk of mental distress.<sup>179</sup> Some migrants experience stress

during acculturation if faced with language barriers, cultural differences, forms of social discrimination, or feelings of homesickness that make acculturation taxing or beyond their control.<sup>22,180–182</sup> Migrants who have been forced to leave their home countries (e.g. refugees or asylum seekers) may face the greatest acculturation difficulties, due to: involuntary departure from their homelands, the experiences of traumatic events, and the legal or social barriers to adaptation in a new society.<sup>22,183</sup> Geographical displacement affects psychological health of forced migrants with relocation rupturing the sense of belonging formerly experienced in their country of origin.<sup>86</sup> Therefore, developing reliable and trustworthy relationships as well as establishing belongingness in the new community are essential for forced migrants to decrease acculturative stress and achieve psychological well-being.<sup>86,184</sup>

Among the coping strategies that migrants adopt to overcome difficulties, social support has been shown to reduce the psychological effects of stress.<sup>185</sup> A meta-analysis found a relatively strong association between social support and mental health.<sup>101</sup> Migrants, in comparison to the local population, experience sustained difficulties in obtaining social support in their new society.<sup>103</sup> Social support is important to preserve physical and mental health among the forced migrants, serving as a dynamic coping mechanism that buffers stress caused by settlement and acculturation.<sup>104–106</sup>

North Korean refugees (NKR) constitute only a small portion of forced migrants worldwide, but their migration journey and the social milieu they encounter in South Korea leads them to seek coping strategies during the acculturation process. A massive international migration of North Koreans started in the mid-1990s, as a result of the North Korean Great Famine that caused between 600,000 and one million famine-related deaths in the late 1990s.<sup>48,49</sup> Because crossing the highly fortified demilitarized zone (DMZ) between North and South Korea

was almost impossible, many North Koreans crossed Sino-Korean border (the border between China and North Korea) to obtain food or employment. Many of these NKR residents resided in China for an extended period of time. Some migrated to South Korea through Mongolia, Thailand, or Cambodia.<sup>186</sup> Yearning for a safe and stable life, NKRs entered South Korea after long-distance journeys spanning up to one or two decades. However, many NKRs who resettled in South Korea confronted harsh circumstances. For example, the deaths of two NKRs, Seong-ok Han and her six-year-old son, are a reminder of the social isolation NKRs face in South Korea. Seong-ok and her son had left North Korea to escape famine but died of starvation in South Korea. Their bodies were found in July 2020, two months after they died.<sup>187</sup> It was reported that they did not have interactions with neighbors in South Korea and were devoid of support,<sup>188</sup> suggesting that social relationships may be critical for NKRs' health and well-being.

### *5.2.1 Conceptual framework*

In Lazarus and Folkman's theory on stress and coping, an individual who confronts a stressor appraises whether the situation is threatening or whether the stressor is manageable.<sup>26</sup> If the situation is appraised as stressful, an individual adopts a cognitive or behavioral coping mechanism, to deal with external or internal demands that are appraised as threatening.<sup>26</sup> Based on the two types of coping mechanisms that Folkman and Lazarus suggested (i.e. problem-focused and emotion-focused), numerous coping measurements have been created. By analyzing approximately 100 coping assessments and compiling more than 400 coping strategies proposed from the 1980s to 2000, Skinner et al. (2003) developed a coping taxonomy featuring "conceptually clear, mutually exclusive and exhaustive categories (p. 217)."<sup>189</sup> Skinner et al. suggested five core coping categories, including problem solving, seeking support, avoidance,

distraction, and cognitive restructuring. Problem solving is achieved through planning, logical analysis, effort, persistence, and determination. Seeking support is defined as seeking various types of support (e.g. instrumental or emotional) from parents, spouses, peers, professionals, or God. Avoidance refers to efforts to disengage or stay away from stressful situations. Examples include cognitive avoidance, avoidant actions, denial, and wishful thinking. Distraction consists of engaging in an alternative pleasurable activity (e.g. exercise, watching TV, or seeing friends) to divert attention from stressful events. Cognitive restructuring refers to an active effort to transform one's negative experiences of a stressful situation into a more positive framework.

Although coping is a key factor that needs to be understood when exploring acculturative stress,<sup>4</sup> how NKR's cope in South Korea has rarely been explored. Moreover, resources exchanged within social relationships (e.g. social support) may play significant roles in coping, and people who adopt coping strategies may seek distinct resources depending on types of relationships (or physical/emotional distance toward these relationships).<sup>190</sup> Through in-depth interviews with both NKR's and their South Korean (SK) friends and acquaintances, this study aimed to understand and identify coping strategies that NKR's in South Korea adopt to minimize acculturative stress. Specifically, we sought to explore whether NKR's pursue different coping strategies depending on the types of friends or acquaintances in their networks (i.e. NKR's, SKs, or Korean Chinese).

## **5.3 Methods**

### ***5.3.1 Participants***

Employing purposive, snowball sampling, we recruited and enrolled 30 NKR's living in South Korea and 20 SKs who were friends or acquaintances of NKR's between September and

December 2019. Eligibility criteria for NKR participants included being an NKR and age over 18.

Eligibility criteria for SK participants were having a social relationship with NKR participants, not being a spouse of an NKR, and age over 18. Two recruitment locations in Seoul were purposively and sequentially selected: the National Medical Center (NMC), an urban hospital that NKR participants frequently visited, and a Protestant church with a history of offering a separate religious service for NKR participants for more than ten years. To recruit an initial group of NKR participants, flyers were placed at the counseling center for NKR participants at the NMC. At the end of each interview, NKR participants were asked to refer any NKR participants or SK participants who might be interested in participating. Because the first 18 NKR participants did not refer any SK participants, the church was added as an additional recruitment location midway through the study. Participants in the church were recruited through flyers posted in the chapel and word of mouth. NKR participants and SK participants who were referred by the study participants were contacted and invited to participate in the study.

### 5.3.2 *Data collection*

Semi-structured in-depth interviews were conducted in the Korean language and participants were interviewed once for approximately one hour. The interviews with NKR participants focused on the acculturative stressors, perceived social support (e.g. characteristics and support resources) and its potential impact on health, and coping strategies they adopted within their social networks. To understand the numerical size and type of support providers,<sup>191</sup> NKR participants were asked to count the number of people they could ask for help when needed. Interviews with SK participants specifically focused on the experiences of exchanging social support with NKR participants. All interviews were conducted individually, except for one paired in-depth interview with two SK elders who wanted to be interviewed together. NKR participants

recruited at the hospital were interviewed in an unoccupied counseling room. Other NKR and SK participants were interviewed at their preferred locations, such as a quiet café, office, or park.

### 5.3.3 *Data analysis*

Interviews were digitally recorded and transcribed verbatim in Korean. Representative and meaningful quotes have been translated into English. Data for analysis included interview transcripts and typed field notes followed by in-depth interviews. Using a Grounded Theory approach,<sup>127</sup> coding was performed in two phases—initial coding to discern theoretical possibilities while remaining open to exploring the data, followed by focused coding of all transcripts to organize salient codes into core conceptual categories. Initial coding was conducted on 7 NKR transcripts and 3 SK transcripts that had thick descriptions. These 10 transcripts were selected to achieve variability in gender and age. Additional factors considered when choosing the transcripts were: the duration of time in South Korea and the types of social network represented (see **Table 5.1** for details). Line-by-line coding of these ten transcripts generated more than 100 initial codes, which were then collapsed into 40 codes after merging overlapping codes. In the focused coding stage, these 40 codes, organized into seven categories, were applied to the remaining transcripts. During multiple iterations of reading and applying codes to transcripts, codes were constantly compared with other codes and compared across categories. Analytic memos were written during the analysis by jotting down analytic direction, decision, or dilemmas. Memo-writing supported the analysis by facilitating comparisons among data, codes, and categories. Atlas.ti 8 (Scientific Software Development GmbH, Berlin, Germany) was used to aid data management, organization, and analysis. After the coding process, we applied Skinner



et al.'s five coping categories *a posteriori* to interpret NKR's coping strategies while they adapted to South Korea.<sup>189</sup>

**Table 5.1** Selection criteria for initial coding transcripts (first phase; all transcripts were included in focused coding (second phase))

	Mean (SD) or N
<b>North Korean refugees: 7 transcripts</b>	
Age (year)	55.0 (16.4); range 31 to 83
Gender	
Women	5
Men	2
Time spent since resettlement (year)	8.7 (5.4); range 2 to 19
Types of potential support providers (multiple answers)	
North Korean refugees	6
South Koreans	4
Korean Chinese	1
<b>South Koreans: 3 transcripts</b>	
Age (year)	48.0 (8.2); range 41 to 57
Gender	
Women	2
Men	1

## 5.4 Results

As described in detail below, we identified coping strategies that NKRs adopted to reduce their acculturative stress. Some NKR participants sought social support from fellow NKRs, reporting that this was critical to reduce loneliness. Expanding social networks to include NKRs, Korean Chinese, or SKs was commonly reported; some SKs served as surrogate families to NKRs supporting those who fled to the South without family. Some NKRs leveraged social support from SKs to learn about South Korean culture and to facilitate their adaptation to South Korea.

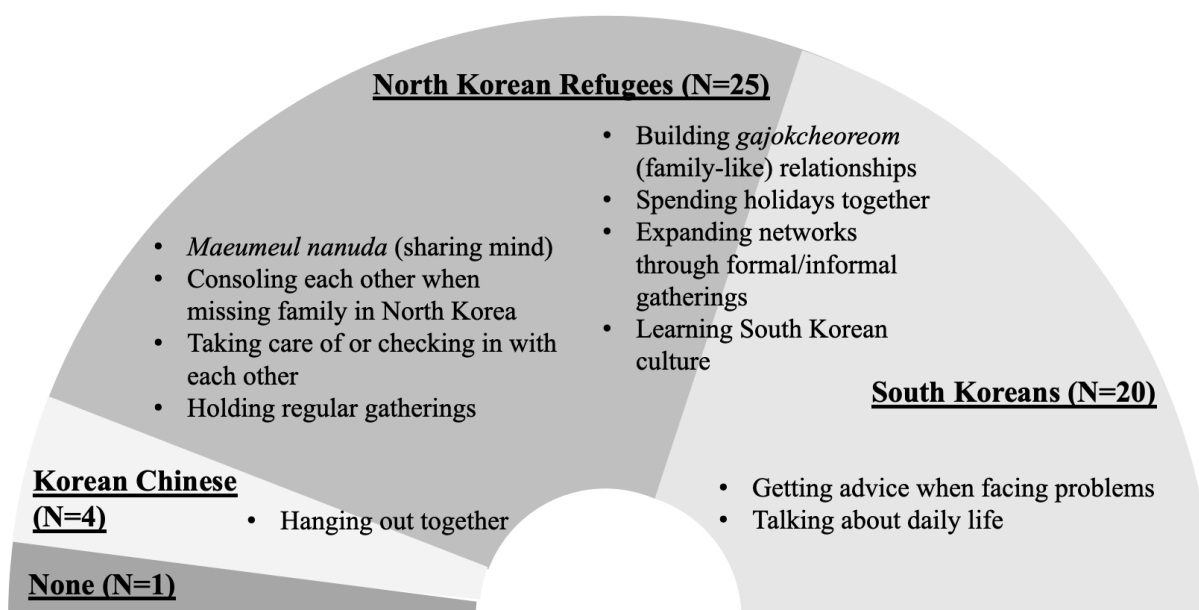
Among the NKR participants, 24 women and 6 men participated in the study (**Table 5.2**). Their mean age was 57.9, ranging from 22 to 83 years old. The majority (N=22) emigrated from North Korea before the year 2010; mean time in transit to get to South Korea was 5.1 years, ranging from 0 to 19 years. The mean duration of time in South Korea was 9.0 years, ranging from 3 months to 19 years. Eleven participants had neither family nor relatives in South Korea; 21 participants were living alone. Three had full-time jobs, three were taking leave from either full- or part-time jobs, mainly due to health issues, and the remaining 24 participants were unemployed. Of the NKR participants, 20 and 25 respectively perceived their SK acquaintances and fellow NKRs as potential social support providers. The mean number of SK support providers was 4.6, while that of NKR support providers was 4.2, both numbers ranged from 1 to 10. Four NKR participants listed at least one Korean Chinese as a support provider; one NKR man in his sixties reported not having anyone who could provide social support. **Figure 5.1** presents coping strategies adopted by NKRs, depending on the potential type of social support provider.

**Table 5.2** Demographic characteristics of participating North Korean refugees (N=30)

Characteristics	Mean (SD) or N (%)
Gender	
Women	24 (80.0)
Men	6 (20.0)
Age (year)	57.9 (14.6); range 22 to 83
Year of emigration from North Korea	
1997-1999	10 (33.3)
2000-2009	12 (40.0)
2010-2019	8 (26.7)
Time spent in transit to South Korea (year)	5.1 (5.4); range 0 to 19
Year of resettlement in South Korea	
2000-2004	5 (16.7)
2005-2009	9 (30.0)
2010-2014	9 (30.0)

2015-2019	7 (23.3)
Time spent in South Korea since resettlement (year)	9.0 (5.3); range 0.25 to 19
Having no family members or relatives in South Korea	10 (33.3)
Cohabitation status	
Lives alone	19 (63.3)
Lives with family members	10 (33.3)
Lives in shelter	1 (3.3)
Employment status	
Full-time	3 (10.0)
Part-time	2 (6.7)
On leave from work	1 (3.3)
Unemployed	24 (80.0)
Types of potential support providers (multiple answers)	
South Koreans	20 (66.7%)
North Korean refugees	25 (83.3%)
Korean Chinese	4 (13.3%)
None	2 (6.7%)

**Figure 5.1** Perceived potential social support providers and coping strategies that North Korean refugees (NKR) adopt with different types of support providers



Note: NKR participants (N=30) were asked about the country of origin of potential social support providers.

Among the 20 SK participants, a majority were women (N=17). The mean age was 41.2, ranging from 24 to 66 years old (**Table 5.3**). Thirteen participants had full-time jobs, three had

part-time jobs, three were college or graduate students. Only one was unemployed. Eleven participants were Protestant. More than half responded that they had equal to or less than 10 NKR friends or acquaintances (N=11), while four participants whose former or present job was related to NKRs responded that they had more than 100 NKR acquaintances. The majority (N=16) reported meeting NKRs commonly in schools, workplaces, or churches.

**Table 5.3** Demographic characteristics of participating South Koreans (N=20)

Characteristics	Mean (SD) or N (%)
Gender	
Women	17 (85.0)
Men	3 (15.0)
Age (year)	41.2 (13.7); range 24 to 66
Employment status	
Full-time	13 (65.0)
Part-time	3 (15.0)
College or graduate student	3 (15.0)
Unemployed	1 (5.0)
Religion	
Protestant	11 (55.0)
Other or none	9 (45.0)
Number of North Korean refugees (NKRs) in network	62.8
≤10	11 (55.0)
11-99	5 (25.0)
≥100	4 (20.0)
Common places for meeting NKR friends or acquaintances	
School or workplace	9 (45.0)
Church	7 (35.0)
Friends gathering	4 (20.0)

#### 5.4.1 *Being connected to nearby NKRs*

After being assigned to permanent rental housing, NKR participants reported efforts to get acquainted with SK neighbors. However, not all attempts were successful, as one NKR participant stated, “My next-door neighbors are all SKs, but they don’t interact with us. I don’t know why, but probably due to the different lifestyle?” Another NKR participant also reported

difficulties in getting along with SKs. She questioned, “Even if I could approach SKs, would they understand me?”

Instead, the majority of NKR participants stated that they felt more comfortable when they were with other NKRs. One participant reported, “It is strange. It is easy to *maumeul nanuda* (*share mind*) with North Koreans, maybe [because we (NKRs and SKs)] have different concepts.” Many participants reported that NKRs who were in *Hanawon* together, or who lived nearby were easy to hang out with and communicate with; thus, it was easy to *share mind*. Many NKR participants reported that some of the *Hanawon* cohort had accompanied each other during the migration journey. As one participant stated, “we have a comradery because we experienced the same thing.” Because of shared experiences, some NKR participants reported that the *Hanawon* cohort was their primary source of support. One NKR participant described how she has maintained a close relationship with her *Hanawon* cohort:

*My family, our next-door, their next-door, and their front-door neighbors were together in Hanawon for a period. I mean, we have known the faces of four families ever since we were in Thailand. These 12 people really stick together. (58-year-old NKR woman living alone, unemployed)*

Participants reported that holidays, such as *Chuseok* (*Korean Thanksgiving Day*) or *Seol* (*New Year's Day*), were the loneliest times of the year, evoking homesickness. Some NKRs coped with loneliness by organizing gatherings with the *Hanawon* cohort. One NKR participant explained, “During *Chuseok* or *Seol*, I call all my cohort members who live alone. I cook North Korean style rice cake, someone brings fermented fish, and we share food, which gives me joy.”

To reduce loneliness, some refugees sought out NKR neighbors living nearby. Because NKRs draw lots for permanent rental housing, they have NKR neighbors assigned to their apartment complexes at random. One NKR participant in her eighties had regular gatherings with

11 senior NKR to share food and play games. She stated that they often share words of comfort when they miss their children who remain in North Korea:

*Because life is comfortable here, we old people think a lot about our children in North Korea. We meet often and tell each other, 'Let's forget about the past, there's no need to reflect on it. We live our lives.' (73-year-old NKR woman living alone, unemployed)*

Not having close family members was a strong motivation for NKRs to take care of each other and to create strong social networks. Several NKR participants described strategies for taking care of fellow NKRs, including saying hello every day in-person or on the phone; consoling and empathizing with others when they receive bad news about their family in North Korea; visiting sick people to check-in on and offer support; and celebrating each other's birthdays. Particularly, five NKR participants stated that the deaths of Seong-ok Han and her son reminded them to help fellow NKRs who are in need.

*It [the deaths of Seong-ok Han and her son] was unimaginable. How could one die due to starvation in the South? When someone becomes helpless, he/she really needs help. Their deaths alarmed me, and I try to contact others more than before. I am going to love [or help] our dongpo (compatriots) more. (58-year-old NKR woman living alone, unemployed)*

#### 5.4.2 Expanding social networks with NKRs and Korean Chinese

NKR participants reported that events organized by the institutions that support NKRs, such as the *Hana Center*, Police Department, and Red Cross, were common opportunities and locations for meeting other NKRs. Moreover, some NKR participants used these events to help newly resettled NKRs, as one participant explained:

*When I hear there are events for NKRs, I ask newly resettled NKRs to join the events because it will help them to resettle in all aspects. [For example,] traveling together helps them to learn how to get on the subway. Gathering together allows them to feel refreshed. They also*

*get information that is necessary for resettlement [from other NKR]. (71-year-old NKR woman living alone, unemployed)*

Some NKR gatherings were organized based on shared characteristics, such as coming from the same hometown or being in the same age group. One NKR participant from a Northern mining district explained that many NKRs were from her hometown, because they were mostly descendants of South Korean army captives during the Korean War. She regularly participated in gatherings with ~20 people from her hometown. While older NKRs often connected through word of mouth, younger NKRs interacted through the Social Network Services (SNS). One NKR participant reported meeting NKR friends through SNS and joined a *Ssangpal* (double-eight) gathering with about 60 NKRs who were born in the year 1988. Among the age cohort, some became his close friends, and they also helped each other with financial hardship. He stated, “I keep in contact with some of the people I met at the *Ssangpal* gathering. When one is experiencing difficulties, others give pocket money.”

Sometimes, South Koreans introduced newly resettled NKRs to more established NKRs, assuming NKRs would serve as potential social support providers for each other. One NKR participant explained how she supported an NKR whom she met through her SK neighbor: “She had just come to the South, so I cooked food for her several times and gave her some clothes. I also told her where she could buy cheap but good stuff. She wanted to work, so I took her to work as a housemaid with me.” Some NKR participants explained that interacting with SKs was *unnecessary* because “everything can be solved through my NKR friends.”

Four NKR participants maintained close social relationships with Korean Chinese based on cultural similarities. As one participant described:

*I feel comfortable when I am with Korean Chinese. They lived in China and experienced Socialism, so they understand North Koreans. We have something in common and they*

*understand why we are poor. However, South Korea didn't experience Socialism, so they neither understand us nor accept us. (58-year-old NKR woman living alone, working a part-time job)*

One NKR participants stated that going to the Chinese market in Seoul with her Korean Chinese friends was an enjoyable distraction: "My favorite time is when we go to the market and eat together [because during this time], I don't think about [the past]. I've never had that casual interaction with SKs during the last ten years." Another NKR participant described that not having a language barrier with Korean Chinese also facilitated friendships.

#### 5.4.3 Building a family-like relationship with SKs

While most NKR participants showed strong attachment to their fellow NKRs, many also reported that South K organizations were useful contact points for receiving help, and Protestant churches were frequently reported as places for expanding social networks. One NKR participant described, "SKs don't care about others' business unless it is their own business. So, it's difficult to [approach] SKs. There's no one to meet if I don't go to church. That's why I recommend our people (NKRs) to go to church." In addition, churches were important resources for fulfilling urgent needs, as one NKR participant described: "When I really need a help, church is the only place I can call and request help, because church people are kind. Whenever I call them, they answer the phone, come, and help me." As primary resources of support, many NKR participants reported receiving tangible support from church members (e.g. financial assistance with hospital expenses, education expenses, or living expenses), and a few participants also stated that they received emotional support.

Understanding NKRs' loneliness and difficulties, many SK participants stated that they tried to interact with NKRs *gajokcheoreom* (like family). Some SKs shared their experiences of



serving as surrogate family members for NKR, including sitting in a parent's seat at an NKR's wedding; spending every holiday together; cooking *kimchi* for NKRs; or signing off as a guardian when someone is hospitalized. One SK participant shared her insight about the absence of family after helping an NKR friend:

*My friend had to move to a different city [about two-hours away], and just to be polite, I asked if she needed help. She happily said 'yes,' and I was embarrassed. I never thought I would help a friend [who was] moving because that's usually a family's task. When I went to her new house, I understood that there was absolutely nobody to help her move. (30-year-old SK woman with ~20 NKR friends, office worker)*

Some NKRs also appreciated their SK neighbors who provided familial love. One NKR participant in her seventies stated, "My [SK] neighbor treats me like her own little sister. She always brings food, asking 'where did you go?', or 'were you sick?'" Some SKs who worked at organizations that support NKRs emphasized that talking about daily life provides emotional support for NKRs, whereas communication about the difficulties that NKRs experienced in the past was often regarded as discriminatory:

*Some [SKs] consider NKRs to be poor people who need help. I don't think they regard NKRs as being human. Often, an SK tells NKRs, 'you suffered a lot in North Korea!' Then the NKRs' facial expression freezes and I recognize that they have closed their minds. It is sad that these NKRs are equated to their suffering, without considering what they think, or what they feel daily. (24-year-old SK woman with ~100 NKR acquaintances, office worker)*

#### 5.4.4 Learning from SKs

Some NKR participants strategically approached South Koreans to learn the South Korean accent and culture. Several NKR participants stated that interacting with SKs was more beneficial than going to NKR gatherings. One NKR participant reported, "People [NKRs] only talk about uncomfortable things. Going to NKR gatherings prevents me from successful

resettlement. Hanging out with SKs is helpful for delving deeply into the society.” One purpose of interacting with SKs was to learn South Korean culture, as one NKR participant stated, “NKR have to learn everything from SKs, including the way of thinking or patterns of behavior.” Another NKR participant explained,

*Hanging out with SKs at church was helpful. Typically, NKRs hang out with other NKRs, but I prefer not to [because] there’s nothing to learn. [While hanging out with SKs,] I often ask about loanwords (words adopted from English) that I don’t know about. ‘What does this word mean?’ They teach me the word, then I can teach NKRs who come after me. (52-year-old NKR woman living alone, taking a leave from a full-time job)*

Interestingly, all of the NKR participants who emphasized the importance of spending time with SKs had experiences of having a full-time job. Some SK participants also described that having a connection with SKs was helpful to NKRs. One SK participant explained that “interacting with SKs is advantageous in learning information and getting advice when facing problems.” Another SK participant recommended facilitating NKRs’ adaptation through opportunities to “hang out together and allow them to experience life in South Korea. Because it’s much easier to show [them] in-person, than telling them in words.”

One NKR participant who became a friend of an SK retired civil servant stated, “He often takes care of me because I am from North Korea. [For example,] he tells me to go to the Community Service Center for such and such things.” Consistently, SK participants described that giving NKRs information that they need was one of the easiest ways to provide support. One SK participant who had some NKR friends at graduate school explained:

*I occasionally tell newly resettled [NKRs], ‘if you experience anything uncomfortable or difficult, don’t hesitate to contact me.’ While many don’t ask for help, some text me with trivial things, like ‘who should I contact regarding a particular issue?’ or ‘what does this word mean?’ It’s worth spending the time [on it] because I can do it without any effort. (46-year-old SK woman with ~40 NKR friends, graduate student)*

Some SK participants reported that NKR “do not open their mind to SKs” or that they “build an emotional wall with SKs”, which prevents them from providing support to NKRs. One SK participant shared how she struggled when helping a newly resettled NKR woman who came alone to South Korea: “She did not reveal her heart, so I didn’t know how to help her. I wanted to have a meal with her to let her make a social connection, but it didn’t work either.” On the other hand, SK participants reported that they could provide support easily when NKRs exposed their unmet needs, as one SK participant stated, “Some NKRs say ‘I don’t know this,’ so I can recognize [their need] and react to it. If they don’t tell me anything, I can’t help them.”

## **5.5 Discussion**

This is one of the first studies designed to foster understand of the coping strategies that NKRs in South Korea adopt to reduce acculturative stress. Our findings show that fellow NKRs or Korean Chinese who share similar cultural characteristics were most consistently sought out by NKRs for emotional support. South Korean organizations (e.g. Protestant churches) were an important venue for receiving social support, and SKs who met NKRs through these organizations tried to provide family-like relationships to NKRs. Some NKRs strategically approached SKs and sought to learn their culture in order to adapt to society. In line with the Skinner et al.’s (2003) five coping categories: seeking support, problem solving, and avoidance were frequently reported as coping strategies, whereas distraction and cognitive restructuring were rarely cited by NKRs.

Seeking social support and the perception of having social support have been identified as protective factors for mental health among migrants.<sup>2,102,192</sup> In our findings, some NKRs preferred gaining emotional comfort, reducing loneliness, and avoiding thoughts about past

stressful events by engaging with their NKR community. Several studies have suggested the importance of social interactions within a familiar community. One study conducted among immigrants in Spain identified that higher levels of social support from others from their country of origin were associated with greater sense of community, which then was linked to greater life satisfaction.<sup>193</sup> Because social support that fulfills a need is effective in improving negative moods,<sup>194</sup> receiving social support from the fellow immigrant community may best develop sense of community in the host country.<sup>193</sup> Another study conducted among internally displaced Japanese after the Great East Japan Earthquake found that having neighbors from the same hometowns prior to the earthquake was positively associated with better mental health outcomes.<sup>195</sup> These findings provided empirical support for Japan's local government policy of distributing shelter spaces based on residents' original hometown. In contrast, the relocation of NKRs in South Korea is primarily determined by the availability of permanent rental housing, ignoring pre-existing social connections among NKRs.<sup>77,196</sup> Although some NKR participants successfully gain a sense of their own community, others find it difficult to establish social networks with NKRs due to the government's random allocation of housing. Because NKRs are known to be vulnerable to mental health problems,<sup>18</sup> they may experience mental health benefits if future housing policies were enacted to better accommodate their social connections. Despite existing government assistance and social support programs, a few NKRs remained socially disconnected, for example one NKR man in our study reported having no potential social resources. Interventions connecting the most isolated NKRs may be critical for improving health of vulnerable subgroups of NKRs. Although there is no specific research on how to improve social connectedness among refugees, one-to-one telephone contact from a volunteer who befriended elders was found to enhance confidence among older adults and helped them to

become socially active.<sup>197</sup> Because the existing support programs link NKR with potential ‘helpers’ including resettlement helpers and the Hana Center counselors, such interventions may be effective in expanding social networks of socially isolated NKRs.

Many faith-based organizations actively support refugees and immigrants.<sup>198,199</sup> Some roles of faith-based organizations include providing support for urgent needs (e.g. housing, food, or clothing), serving as “cultural brokers” between refugees/immigrants and host communities, or with the expansion of social networks within the community.<sup>198,199</sup> Likewise, faith-based organizations, especially Protestant churches, play critical roles in supporting NKRs entering from the Sino-Korean border to integrate into communities in South Korea. Christian missionaries at the Sino-Korean border provide NKRs shelters to hide and recover. Sometimes, they provide North Koreans temporary jobs and help them move out of China.<sup>200</sup> For some NKRs who received support from churches in China, it may be natural to seek support from churches in South Korea. Our study participants (some of whom were recruited from a church) described that churches were one of the primary sources of support. Although some participants sought emotional support from church members, tangible support was the most common type of social support that NKRs received or perceived to be available. Notably, the coping strategy of distraction, or engaging in pleasant activities, was rarely reported among NKR participants. In addition to the currently available resettlement support from churches, churches could be important venues for implementing mental health interventions. For example, in terms of distraction as a coping mechanism, previous studies have identified the mental health benefits of choir singing as a recreational activity.<sup>201,202</sup> These studies identified that singing increased positive affect and perceived social connectedness.<sup>201,202</sup> Similar interventions may be effective in enhancing the mental health of NKRs.

Our findings suggested that some NKR participants attempted to conform to South Korean society. Seeking support from SKs could be an example of a problem solving coping strategy that includes active efforts to manage stress and modify or eliminate stressors. NKR participants who reached out to SKs tried to learn not only the discernable features (e.g. the South Korean accent), but also invisible features (e.g. the way of thinking) in order to delve deeply into the society. John Berry defined this as an ‘assimilation’ strategy, where the non-dominant group gives up its cultural identity and adopts the culture of the dominant group.<sup>4</sup> A study conducted in the Netherlands suggested that Dutch origin children valued the assimilation of immigrant peers the most, in comparison to integrating (maintaining the original culture while interacting with the dominant culture) or separating (maintaining the original culture while avoiding interaction within greater society) peers.<sup>203</sup> The fact that all NKRs who pursued the assimilation strategy in our study had a full-time job (or were taking leave from a full-time job) suggests that assimilation might be similarly highly valued by SKs, thereby contributing to successful adaptation to South Korean society.

Due to the long-term political conflict between the two Koreas, SKs tended to have a negative perception of North Korea and North Koreans. These negative perceptions have been observed to be transferred to NKRs living in South Korea.<sup>75</sup> For SKs, NKRs are viewed as either objects of hostility born and raised in an ‘enemy’ country, or objects of sympathy forced to escape from the brutality of Communism. Therefore, the heterogenous *habitus* (socially ingrained habits, skills, and dispositions that individuals possess)<sup>204</sup> and culture exhibited by NKRs have been perceived negatively.<sup>77</sup> Though transforming SKs’ perceptions of NKRs may not be fully achieved within the context of the ongoing political conflict,<sup>205</sup> reducing negative stereotypes of NKRs by SKs may be critical during NKR resettlement. In addition, fostering

integration (maintaining native culture while adapting to the host culture) instead of assimilation may facilitate healthy cognitive restructuring, which was rarely reported by NKR participants as a means of coping. Current SK attitudes support suppression of NKRs past lives, potentially creating a barrier to the important task of restructuring NKRs past experiences into a positive framework.

Several study limitations should be noted. The majority of NKRs (N=23) were recruited from a medical institution, suggesting that their health may be poorer compared to other NKRs who did not need to visit medical institutions. The relatively poor health status of our NKR participants may have prevented them from socializing or from expanding social networks. Similarly, since a large proportion of our NKRs attended church services, it is possible that the kind of support they receive is different from that of NKRs who are not church-affiliated. Likewise, SK participants who were the friends or acquaintances of NKRs may have had more favorable impressions of NKRs. Given that a survey among SKs indicated that only 5.7% of SKs have NKRs as acquaintances,<sup>75</sup> our findings may not be transferable to SKs in general.

Despite these limitations, our study is one of the first to include both SK and NKR participants in describing the coping strategies that NKRs adopt in South Korea. Including SKs sheds light on interactive dynamics between SKs and NKRs (i.e. social networking, support exchanged). Because our findings suggest that social interaction between SKs and NKRs contribute NKRs' resettlement, future interventions and policies aimed at expanding social interaction between these host and immigrant groups can foster successful NKR resettlement.

## 5.6 Conclusion

We found that NKR living in South Korea coped primarily by seeking support that included associations with culturally similar group members (i.e. fellow NKRs or Korean Chinese) and through reaching out to supportive South Korean organizations. Avoidance was a prominent coping strategy (when NKRs attempted not to think about their children in North Korea) and was reinforced by NKRs in their support network. Some NKRs approached SKs to learn South Korean culture and pursued problem solving as a coping strategy. These NKRs had relatively stable jobs compared to other NKRs, suggesting the possible association of positive outcomes with cultural familiarity. Our results suggest that facilitating social connections among NKRs may improve their mental health by reducing loneliness and increasing belongingness. Moreover, interventions linking NKRs with various cultural groups can facilitate NKRs' assimilation or integration to society, and eventually reducing acculturative stress. Thus, continued research to develop and enhance coping strategies for NKRs can contribute to promoting their mental health.



## **Chapter 6. “Give and take is the key”: Reciprocity leads to psychological well-being and successful resettlement of North Korean refugees in South Korea**

### **6.1 Abstract**

Approximately 33,000 North Korean refugees (NKR) have resettled in South Korea during the last 25 years. Relatively generous government assistance and social support programs are available for this population. Little is known, however, about how NKRs perceive received social support, their desire or opportunities for reciprocity, or their experiences surrounding cultural norms of reciprocity. The aim of this study was to understand how support exchanges and reciprocity evolve along with NKRs' migration trajectories and how they are related to NKR mental health. Between September and December 2019, semi-structured interviews were conducted with 30 NKRs and 20 South Koreans (SKs) who were friends or acquaintances of NKRs. Purposive and snowball sampling strategies were employed to recruit participants at two recruitment sites in Seoul, South Korea. Qualitative data were analyzed using a Grounded Theory approach including initial coding, focused coding, and the constant comparative method. Results suggested that reciprocity was a significant feature of well-being, leading to successful resettlement. Although NKRs had bidirectional experiences with support exchange before their resettlement, these experiences became predominantly unidirectional in South Korea, with NKRs becoming as recipients from SKs. While some NKRs articulated feeling uncomfortable about being dependent on others, some NKRs managed this through acts of reciprocity either to the giver or to others who they perceived were in need. Opportunities to engage in reciprocity were described as a source of satisfaction and pleasure by NKRs. These results demonstrate the

critical role of reciprocity to improve well-being and facilitate adaptation in South Korea. Our findings suggest that exchanging support and reciprocating with others in one's social network may be important and yet overlooked activities that contribute to NKR's well-being. Therefore, interventions designed to expand NKR's social relationships and promote their support exchanges are needed to improve their well-being.

## 6.2 Introduction

Migration to a new country can result in stress associated across multiple transition phases (pre-, mid- and post-migration). Stressful transitions have the potential to contribute to poor mental health after resettlement.<sup>206</sup> The impact of migration on mental health is more profound among forced migrants (e.g., refugees), elevating the risk of mental disorders including depression, anxiety, and post-traumatic stress disorder (PTSD).<sup>7</sup> The process of integration into a new community influences migrants' mental health and well-being.<sup>206</sup> During this process, the exchange of social support is a crucial element in reducing acculturative stress as well as in improving well-being.<sup>207–209</sup> Antonucci *et al.* (1990) suggested that social support be studied within a life course perspective; because social relations develop over an individual's life, the importance of a long-term perspective on the exchange of social support is warranted.<sup>210</sup> Migrants' social relations may change over time after resettlement in the host country. Thus, the pattern, type, or context of exchanging social support and reciprocating may evolve into different forms.

Although social support has been well-studied during migration, most literature has been unidirectionally focused on the positive effect of social support (i.e. from host population to migrants).<sup>211</sup> Migrants are typically depicted as support recipients in the host country. Their

interpretation of social support received and desire to directly or indirectly reciprocate has not been studied in depth. Thus, it is unknown whether norms or obligations for providing reciprocal support are associated with migrant distress. Furthermore, how exchanging social support and reciprocity evolve along with migration trajectories and how they are related to mental health have not been fully explored.

Arriving in South Korea without any capital or material possessions,<sup>64</sup> approximately 33,000 North Korean refugees (NKR) who came to South Korea during the last 25 years<sup>66</sup> faced a wave of challenges fundamentally different from those encountered during the migration journey. Loss of NKRs' former support systems (e.g. relatives, friends) is one of the biggest challenges during early resettlement.<sup>19</sup> However, government assistance and support from various organizations bolster NKRs' adaptation, motivating them to search for a job and to pursue further education.<sup>64</sup> These types of aid are assumed to be crucial, especially in the early stage of resettlement. To our knowledge, no research has sought to understand the perspective of migrant support recipients. On the one hand, recipients may perceive support as facilitating their resettlement. On the other hand, receiving support *per se* may create an emotional burden for the recipients, no matter how needy they are.<sup>118</sup> Understanding complex emotions associated with receiving prolonged support, could be essential in understanding NKRs' resettlement and adaptation in South Korea.

This study focuses on the role of reciprocity in the exchange of social support between NKRs and South Koreans (SKs), whose relationship is often defined by power differentials reflected in their roles as support *recipients* and *providers*. Social support exchanged among NKRs was also explored but is described in Chapter 5. The primary objective of this study is to understand how NKRs conceptualize reciprocity and how they respond to the social support they

receive after resettlement in South Korea. Exploring how SKs recognize reciprocity of NKR will complement our understanding on social relations between the host population and immigrants, as well as the patterns of social support exchange.

### 6.2.1 Cultural divergence of the two Koreas

Collectivism was an important cultural value that was maintained in traditional Korean society. However, the cultures of the two Koreas have diverged due to a political division that existed for more than 70 years. While South Korea underwent modernization, Westernization, and industrialization, individualism gradually supplanted collectivism. Yet, North Korea strategically emphasized collectivism in order to mobilize people to build a new national economy before and after the Korean War (1950-1953).<sup>212</sup> Collectivism was continuously reinforced, as illustrated in North Korea's famous propaganda promoting the collective principle, '*one for all, all for one.*' Collectivism was systemized in the *Juche* ideology (the ruling ideology of North Korea, which was prescribed in 1982), where individuals collectively devote themselves to the country and their *suryong* (*leader*), and prioritize collective interests over individual values.<sup>213</sup> For more than 50 years, from the division in 1945 to the North Korean Great Famine in the mid-1990s, collectivism has affected individuals' social relations and bound them within a strong social unit.<sup>49</sup>

Under the centrally planned economy since the early 1950s, North Korea has had a Public Distribution System to distribute food (e.g. rice, barley, or corn) as well as basic necessities. Because the vast majority of North Koreans obtained food through the Public Distribution System, its collapse during the famine resulted in no access to food. Starvation transformed social relations, numbing emotions toward the suffering of others in pursuit of one's

own survival.<sup>49</sup> The historical and cultural background of NKRers may have deeply shaped their perspectives on social support and reciprocity.

### 6.2.2 *Theoretical background*

Social support –often conceptualized as a provision of instrumental, informational, and/or emotional assistance from others, such as family, friends, and coworkers– does not exist in isolation. Rather, it is derived from the social network in which one is embedded.<sup>117,118</sup> Social support can be interpreted using social exchange theory, which highlights interdependency between people.<sup>119</sup> Although social exchange theory proposes that people desire balanced exchange in relationships, there is a tendency toward inequity, which consequently creates distress for both the over-benefitted and the under-benefitted parties.<sup>119</sup> Social support and social exchange theory are closely linked to Gouldner’s theory of reciprocity. Gouldner (1960) proposed that exchange based on moral norms, i.e. where something received from another requires exchange in return, is a major causal force of mutual dependency in society. Typically, no specific normative mechanisms are needed to maintain relationships of mutual gratification, because this system is self-perpetuating with “a beneficent cycle of mutual reinforcement (p. 173).”<sup>120</sup> In other words, an actor’s conformity with another’s expectation reinforces the other’s conformity to the actor’s expectation. However, problems arise when power differences exist between the actors, and those with egoistic motivations may attempt to benefit without giving in return.<sup>120</sup> Gouldner refers to this breakdown of reciprocity as ‘exploitation;’ he asserts that the moral norm of reciprocity engenders motives of returning received benefits despite existing power differences.<sup>120</sup>

Sahlins (1972) proposed three different types of reciprocity practiced within social groups.<sup>121</sup> Generalized reciprocity emphasizes one person provides “gifts” to the other, with little expectation of return. Balanced reciprocity refers to direct exchange, with one person giving to the other and the other giving in return. Negative reciprocity indicates attempts of getting something for nothing (or an unbalanced act of return), which highlights transactions conducted for one’s own advantage.<sup>121</sup> Similarly, Clark (1984) distinguished between communal and exchange relationships by demarcating the ‘distance’ of the social relationship.<sup>122</sup> Communal relationships with family members, friends, and significant others are usually not considered a debt or obligation due to social norms regarding these close-knit relationship. In contrast, exchange relationships with acquaintances, strangers, or co-workers engender a feeling of debt: to return with comparable benefits as one receives benefits.<sup>122</sup> Williams (1995) suggested ‘stepwise reciprocity’ in her study of exploring feelings of support recipients who were parents of children with cancer.<sup>118</sup> Instead of returning the benefit to the original givers, stepwise reciprocity refers to returning benefits to someone outside of the network, including total strangers in need.<sup>118</sup>

### **6.3 Methods**

We conducted semi-structured interviews with NKR and their SK friends or acquaintances consistent with a Grounded Theory approach. This is, we suspended a thorough review of the literature on reciprocity until after the data analysis.<sup>127</sup>

### 6.3.1 *Data collection*

Purposive and snowball sampling strategies were used to recruit participants. Two recruitment locations in Seoul, South Korea were sequentially selected: the National Medical Center (NMC), one of the medical institutions popular among NKR, and a Protestant church that had had a separate religious service for NKR for more than ten years. Flyers were placed at the counseling center for NKR in the NMC to recruit initial group of NKR. At the end of each interview with NKR, participants were asked to refer any NKR or SK friends or acquaintances who may be interested in participating in the study. The first 18 NKR participants did not refer any SKs; therefore, a Protestant church was added as a secondary recruitment location. Additional participants were recruited through the flyer placed in the chapel and word of mouth. From September to December 2019, the author conducted 48 semi-structured individual interviews and one paired in-depth interview in Korean. NKR who were recruited in the NMC were interviewed in an unoccupied counseling room, whereas other participants were interviewed in their preferred locations. The average duration of each interview was approximately one hour; all interviews were conducted in Korean. Interview topics for NKR included perceptions of reciprocity, experiences of exchanging support before and after resettling in South Korea, and facilitators and barriers to reciprocating any support received. To complement NKR's accounts, interviews with SKs were more specifically focused on their perceptions and experiences of exchanging support with NKR. All interviews were digitally recorded with participants' consent.

### 6.3.2 *Participants*

Study participants included 30 NKR living in the Seoul Metropolitan area (Seoul, Gyeong-gi Province, and Incheon) and 20 SKs who were friends or acquaintances of NKRs. Eligibility criteria for NKRs included being an adult NKR  $\geq 18$  years old. SKs were friends or acquaintances of NKRs, not a family member of an NKR, and at least age 18 years old.

Of the NKR participants, 24 were women and 6 were men (**Table 6.1**). The mean age was 57.9 years old, ranging from 22 to 83 years old, and the majority (N=22) emigrated from North Korea before the year 2010. All but one stayed in China and/or other countries (e.g. Mongolia or Thailand before migrating to South Korea), and the mean duration of time spent outside of the Korean peninsula was 5.1 years, ranging from 0 months to 19 years. The mean duration since resettlement in South Korea was 9.0 years, ranging from 3 months to 19 years. Eleven participants neither had family nor relatives in South Korea, 21 participants were living alone, and 24 were unemployed.

Among 20 SK participants, the majority were women (N=17) (**Table 6.1**). The mean age was 41.2 years old, ranging from 24 to 66 years old. More than half responded that they had equal to or less than 10 NKR friends or acquaintances (N=11), while four participants whose former or present job was related to NKRs indicated that they had more than 100 NKR acquaintances. The majority (N=16) reported meeting NKRs in school, the workplace, or at church.



**Table 6.1** Demographic characteristics of North Korean refugee (NKR) participants (N=30) and South Korean (SK) participants (N=20)

Characteristics	Mean (SD) or N (%)
<b><u>North Korean refugees</u></b>	
Gender	
Women	24 (80.0)
Men	6 (20.0)
Age (year)	57.9 (14.6); range 22 to 83
Year of emigration from North Korea	
1997-1999	10 (33.3)
2000-2009	12 (40.0)
2010-2019	8 (26.7)
Time spent in transit to South Korea (years)	5.1 (5.4); range 0 to 19
Time spent since resettlement (years)	9.0 (5.3); range 0.25 to 19
Having no family members or relatives in South Korea	11 (36.7)
Cohabitation status	
Living alone	21 (70.0)
Having any close family members	8 (26.7)
Living in shelter	1 (3.3)
Employment status	
Full-time	3 (10.0)
Part-time	2 (6.7)
Taking a leave from work	1 (3.3)
Unemployed	24 (80.0)
<b><u>South Koreans</u></b>	
Gender	
Women	17 (85.0)
Men	3 (15.0)
Age (year)	41.2 (13.7); range 24 to 66
Number of North Korean refugees (NKR) in network	62.8
≤10	11 (55.0)
11-99	5 (25.0)
≥100	4 (20.0)
Location of meeting NKRs	
School or workplace	9 (45.0)
Church	7 (35.0)
Friends gathering	4 (20.0)

### 6.3.3 *Data analysis*

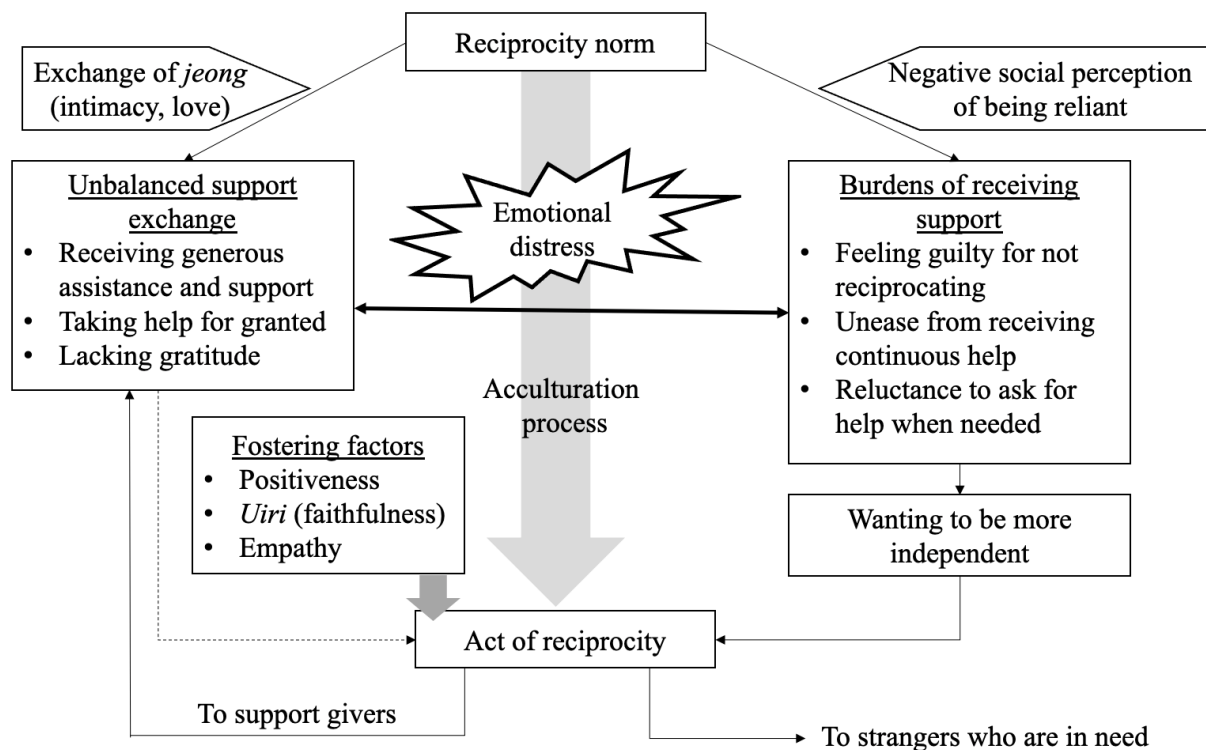
Data for analysis involved verbatim interview transcripts and a methodological journal that had been kept throughout data collection and analysis. The methodological journal included reflexivity notes that helped the author scrutinize the role of her own experiences in data collection, analysis, and interpretation as well as memo-writing which facilitated linking the data collection and writing by jotting down her thoughts while analyzing the data.<sup>127</sup> Following methods from Grounded Theory, initial coding was performed on ten transcripts (seven NKR and three SK transcripts) selected based on variability of the data. During this process, the author remained open to emerging themes, while refraining from preexisting reliance on perspectives or theories on the topic.<sup>127</sup> More than 100 initial codes were generated through line-by-line coding; these codes were then collapsed into 40 codes after merging overlapping codes. During the focused coding process, these 40 codes, classified into seven categories, were applied to the other transcripts. Through multiple readings of the transcripts and iterative applications of the codes, codes were constantly compared with other codes and across categories. Atlas.ti 8 (Scientific Software Development GmbH, Berlin, Germany) was used to facilitate data management, organization, and analysis.

## 6.4 Results

A framework based on grounded theory was developed to describe how NKRs' perceptions around reciprocity shifted over time along with their migration trajectories (**Figure 6.1**). Findings suggested that NKRs had internalized norms of reciprocity before their resettlement in South Korea. However, due to the economic, social, and power imbalances experienced with SK support providers, some NKRs were unable to reciprocate support received.

These NKR participants reported that being unable to reciprocate caused distress. Despite existing power differentials, both SK and NKR participants reported that direct or indirect reciprocity was integral to successful resettlement, and NKRs who engaged in reciprocity described that reciprocating increased their well-being.

**Figure 6.1** Processes involved in performing *reciprocal actions*



#### 6.4.1 *Support exchange experiences in North Korea and China*

NKR participants reported varied experiences when recalling emotional and tangible support exchange in North Korea. Some participants described that tangible support could not be reciprocated due to lack of anything to exchange. As one participant explained, “How can one help others when he or she is dying [of starvation]?” Moreover, one participant described that extreme poverty diminished even non-material sources of support, “After North Korea became

poor, caring for others or saying, ‘thank you’ has disappeared.” However, some NKRers described that empathizing with others’ difficulties was the only thing they could do. In contrast, some NKRers reported helping others was one of the duties in a ‘one for all and all for one’ collectivist society. As one described, “[Helping others] was an unconditional duty in North Korea. I helped others with a sense of responsibility.” Others reported that although they could not share much, extreme poverty was not a barrier to the exchange of *jeong* (intimacy, love, or taking care of others). One participant stated,

*Sharing was common in North Korea. [Through the Public Distribution System,] households with children received about one kilogram of treats on the birthdays of Kim Il-sung and Kim Jong-il. My kids were all grown up and we didn’t receive any. But neighbors brought us some biscuits and candies though these treats were so precious to their kids. That was a big love. (60-year-old NKR woman who resettled 7 years ago)*

Another participant described an example of support exchanged during his youth in North Korea, expressing satisfaction in returning kindness he had received: “I went deep into the mountains to collect medicinal herbs when my friend’s mom was sick. It took three days, but I did it because she was always kind to me. My teachers scolded me [for missing school] after I came back, but it was rewarding because I could do something for her.”

Apart from the reciprocal exchange of food or materials, many participants reported that asking for help or borrowing money was not considered socially acceptable in North Korea, because it was considered profligate. One participant explained, “Through the Public Distribution System, everyone gets the same amount, and, if someone tries to borrow rice or money, others consider him or her to be improvident.” Therefore, many reported that requests for help, borrowing money, or receiving anything without reciprocity was perceived as an opportunity for others to look down on them, resulting in lowered self-esteem.

Participants also had mixed experiences with respect to support exchanges during migration. Although individual migration trajectories slightly differ, all except one NKR participant had resided in China for some length of time before migrating to South Korea. While some reported they could only hide in China and were, thus, unable to build any relationships, others were recipients of valued support. Using a North Korean proverb “Receiving is repaying,” one NKR participant shared his experience of exchanging support in China:

*One night, a neighbor’s house was on fire. I saw it first, so I got on the roof and extinguished the fire. All neighbors expressed their gratitude, and started to let us know things like, ‘tonight, there will be a sudden police inspection, so hide yourself.’ It was a huge support in China. (63-year-old NKR man who resettled 16 years ago)*

Some participants reported receiving unexpected support from strangers: shelter after crossing the river on the border between North Korea and China, a warm meal, or help in crossing the border between China and Mongolia. Often, NKRs described these experiences as “unforgettable” and lifesaving; participants described the gratitude they felt towards Chinese strangers, and how they could never repay what they had received. As one NKR participant described,

*Twelve years ago, incentives for reporting North Koreans [to Chinese Police] were 250 yuan, equivalent to the monthly household living expenses in rural areas. Despite the incentive, this taxi driver took us to Yanji (a city in the Yanbian Korean Autonomous Prefecture in China) and helped us find a safe inn. This support was tremendous, but there is no way to pay it back. (51-year-old NKR woman who resettled 10 years ago)*

#### 6.4.2 The adverse effect of support exchange in South Korea

All participants reported that NKRs received relatively generous government assistance and social support through various organizations, especially in the early process of resettlement. Although many NKRs reported that the living allowance from the government (which was

provided in early resettlement for a maximum of five years) was insufficient, they also recognized that receiving permanent rental housing at the time of resettlement was a huge assistance. One NKR participant described, “Many people in this society are jealous of us because we receive housing. That’s fair, because many [South Koreans] don’t have a house, but we do.” Participants also reported receiving materials (mostly food items) from different service organizations. Rice and *kimchi*, two major staples in Korean food, were regular items, and holiday gift sets of cooking oils, canned food, or household items were frequently received. As one NKR participant described, “During the first month [of resettlement], I received eight 20 kilogram-bags of rice from the police department, social welfare office, church, and so on. I was surprised and asked my husband ‘Why are there so many free things in this capitalist country?’” One SK participant stated in the same vein, “I admit that NKRs receive enormous support from organizations. Rice, cooking oil, canned ham, and other products are stacked up in every NKR’s house.”

However, these patterns of support exchange evoked distress in both NKRs and SKs. Some NKRs stated they were “unable to provide help at this moment,” due to unemployment or sacrifices made to send remittances to families in North Korea. They also perceived their own living situations as inferior to SKs. These participants reported feeling guilty about not being able to reciprocate, resulting in feelings of dependency and lowered self-esteem. One NKR participant explained, “Receiving support from church gives me economic benefits but it paralyzes my nerves. My conscience tells me that I didn’t come here to receive help. I become wimpish. I tell people who want to help me ‘thank you, but I can do it by myself.’” An NKR man reported wanting to be more independent and to be able to stand on his feet in South Korea:

*Receiving help sometimes brings uneasiness [because] I was born as an independent human with enough capacity to manage my life, but why should I always receive help? Because I lack things and I am not self-sufficient enough, I want to receive help. But after receiving help, I feel shame. I am less motivated because I am spoiled with help from here and there. (22-year-old NKR man who resettled 2 years ago)*

Some NKRs stated that receiving government assistance restricted their opportunities to ask for additional support, as one NKR participant described,

*It could be my guilty conscience, but getting government assistance makes it so hard to ask South Koreans for help. Regardless of what South Korean individuals do to help North Koreans, they might think that we are unhelpful to them. That's why I can't ask others for help even if I really need it. (44-year-old NKR woman who resettled 12 years ago)*

SK participants expressed mixed feelings about NKRs receiving assistance or support during the course of resettlement. All SK participants agreed that NKRs require some support. One of them described, "Typically, all [NKRs] are people to be helped. There are so many who find it hard to adapt even after five years. Also, many people become ill in three to five years, which prevents them from having a consistent job." For this reason, many SKs reported not asking NKRs for help because, "NKRs are busy adapting to South Korea" or rationalizing that, "SKs are more firmly settled in the society than NKRs." Nonetheless, the majority of SK participants expressed some discomfort toward what they perceived to be the NKRs' unusual reaction to support provided: taking help for granted/lacking gratitude or overreliance on support. One SK participant who attended the same church as NKRs for ten years stated,

*It could be due to the Public Distribution System or ideologic differences? I feel so odd when NKRs habitually receive support. It could be related to their lived experiences. There's no gratitude in North Korea, so NKRs don't know gratitude and they take it for granted. Helping for me is natural, not helping for me is weird. (57-year-old SK woman who had interacted with NKRs for 10 years)*

Echoing these SKs, some NKR participants blamed other NKRs who relied heavily on government assistance or social support rather than being independent. One NKR participant

explained, “We [all] receive the same treatment in South Korea, but why does this guy wander and ask others for help? He is a good-for-nothing.” Many NKR participants explained they did not want to help other NKRs who did not reciprocate.

#### 6.4.3 Reciprocity as a key for successful resettlement

Desiring to reciprocate directly or indirectly, several NKR participants described ways they had found to provide support to SKs. Using the proverb of “generosity comes from a rice jar,” NKR participants stated what they received from the government or organizations allowed them opportunities to also provide support. One NKR participant stated, “My neighbor was going to the grocery store for rice, so I told her to take mine [the rice] that I received from the government. We became friends and often go to the market together.” The majority of NKR participants lived in permanent rental housing, and most of their SK neighbors were low-income elders or disabled persons who also received government assistance. Many participants reported wanting to help their neighbors who were in difficult circumstances.

Several NKRs explained that they participated in various volunteer activities to provide support to SKs. One NKR man explained,

*I used to take help for granted, thinking, ‘I am new to the South, I have nothing.’ During my third year in South Korea, I lost my business and I started doing construction work. There, I had a chance to talk to some South Korean coworkers and got to know that there are so many South Koreans who have a tough life. After I recovered [from financial difficulties], I started to volunteer in associations for the disabled and in senior centers. (31-year-old NKR man who resettled 5 years ago)*

In addition to this instrumental support from NKRs to SKs, several SK participants (particularly young adults) described receiving appraisal and emotional support from their NKR friends, which NKRs might not be aware of. These SKs explained that passion and positiveness



in NKR's often encouraged them to push past limits and overcome personal difficulties. As one SK who worked with NKR's described, "I am inspired so much when I see that NKR's continue to live bravely after the difficulties they experienced, talk about their pasts humorously, or try to help other NKR's." Another SK participant who had an NKR friend stated, "I learn the wisdom of life from him. He experienced all sorts of hardships, even had some failures in South Korea. But he kept standing up again like a weeble-wobble [a toy that seeks the upright orientation after being pushed over]." Some SK participants described the process of forming strong relationships with NKR's as challenging. However, once the relationship was established, firm *uiri* (*faithfulness*) in NKR's enabled them to provide strong emotional support, distinct from that provided by SKs. One SK participant who worked with NKR's explained, "[When asked for help,] SKs care more about how to benefit themselves. But NKR's are faithful and are firmly determined to help. They try to do whatever they can do to help me." Another SK participant explained how she received consolation and sympathy from her NKR friends: "During my mom's funeral, they (NKR's) cried as if they had lost their mom. They have that affection and warmth."

Interestingly, some SK participants perceived that becoming someone who provides support was a significant sign of an NKR's successful resettlement. One SK participant who had met NKR's at church for five years explained, "Give and take is the key [of resettlement]. Every NKR I met had a period of taking scholarships and support for granted. But there's no free gift. I tell them that you have to pay back what you receive, even if it was given through goodwill and kindness." Another SK participant who had interacted with NKR's for ten years stated, "As they (NKR's) adapt to South Korea, they learn reciprocity and, furthermore, how to help others. That is when they get used to this society. But it takes time."

All NKR participants who mentioned experiences of providing support to SKs reported pleasure from helping others along with a corresponding increased self-esteem. One NKR participant described sharing was more about the matter of exchanging *insim* (heart):

*When I have more [food] than I need, I bring it to the elders who work in the apartment security office. I become happy when I see them happy, so I bring [food] again. Exchanging support is exchanging heart. (83-year-old NKR woman who resettled 11 years ago)*

One NKR woman explained that providing support could have positive health effects: “I try to use a part of my income to help others. I used to think it wasn’t worth the money, but once I started to help others, it gave me great pleasure. I assume being happy may lead to good physical health.” One NKR woman who participated in volunteer needlework group also reported: “We make stuffed dolls for orphans. We gave dolls to children last Christmas. ‘Oh, I made that doll’ – I was proud of myself when I saw them happy.” One NKR man explained why he participated in regular voluntary work: “Because I am grateful to South Korea, I wanted to reciprocate. Also, there’s a pleasure after the work. Some sort of fulfillment that makes me proud of myself.”

## 6.5 Discussion

Among NKR participants living in South Korea, we found that reciprocity, or paying back what one has received, was described in terms of psychological well-being and a more successful resettlement experience. This is an important finding, given the fact that the majority of prior studies on NKR participants have focused on risk factors for negative mental health outcomes rather than on factors that promote positive outcomes such as psychological well-being.<sup>82,214,215</sup> Although NKR participants had varied experiences of receiving or providing support in North Korea or in China, their experiences of social support during early resettlement typically started out being unidirectional

(as a recipient of support). Often restricted to unidirectional power differentials (with SKs as providers of support and NKR as recipients), a number of NKRs expressed feelings of discomfort in having to be reliant on others or in requesting help when it is needed. SKs also articulated distress from not receiving minimum levels of reciprocity (e.g. gratitude). Some NKRs sought opportunities to repay directly (to the provider) or indirectly (to others in need), deriving pleasure and self-satisfaction in this level of reciprocity.

Although some NKRs reported that social relations changed drastically after the famine, many described that they had been accustomed to communal relationships in North Korea, which obligated the exchange of support based on kinship or moral responsibility. Communal relationships that implicitly assume responsiveness to the needs of others<sup>122</sup> may lead to generalized reciprocity, with little expectation of returning what was provided.<sup>121</sup> However, after resettlement in South Korea, NKRs confronted more nuanced patterns of social relationships, further complicated by significant power differences given that SKs had more economic, social, and cultural capital compared to NKRs. During early resettlement periods, when both SKs and NKRs acknowledged that recently arrived NKRs required resources for survival in South Korea, SKs were more likely to tolerate a generalized approach to reciprocity. As time passed after resettlement, some SKs reported expectations of more balanced expressions of reciprocity, even in terms of emotional exchanges (e.g. showing gratitude). This expectation may be due to the nature of the exchange relationship, a pragmatic relationship which is based on a consensus that support is offered in response to the benefits received.<sup>122</sup> The exchange relationship can be understood in terms of social exchange theory, which underscores mutual interdependency and equity of exchange among individuals.<sup>119</sup> Because SKs expected an exchange relationship with NKRs after prolonged resettlement in South Korea, failure to receive anticipated levels of return

was described as distressing by SKs. While most participants who described an emotional burden as a result of continuously providing support without receiving any return were SKs, there were NKR participants who echoed similar disappointments in their experiences with other NKRs who more recently resettled in the South.

Prolonged inequity in social relationships was also reported as distressing to NKRs. While social support has been usually conceptualized as a positive resource for health and well-being,<sup>2,102</sup> some health-related literature demonstrates negative effects of social support. Parents of children with cancer reported having uncomfortable and uneasy feelings, as well as a sense of dependency when receiving repetitive support.<sup>118</sup> Patients with irritable bowel syndrome perceived social support as negative if they felt overwhelmed with the support received or if they had not asked for it.<sup>216</sup> Older Singaporean adults felt a loss of control over their lives with the receipt of social support, which in return, increased the risk of depressive symptoms.<sup>217</sup> Consistently, some NKR participants suffered from the emotional burden of repeatedly receiving support without being able to reciprocate. This emotional burden resulted in barriers to seeking future support when needed. Despite reliance on government assistance and social support programs, receiving help was described by NKRs as being accompanied by guilt at not being in a position where they could reciprocate. These feelings of guilt have been previously described as having the potential to further restrain social engagement, resulting in unwillingness to seek support or accept help.<sup>118</sup>

Research suggests that volunteers report higher levels of well-being than non-volunteers, and that feelings of self-esteem, self-efficacy, and social connectedness significantly mediate this association.<sup>169</sup> Volunteering older adults are likely to report higher levels of life satisfaction and positive affect, as well as a greater availability of social support compared to non-volunteers.<sup>138</sup>

Consistent with prior studies, our NKR participants described how engaging in voluntary work promoted psychological well-being. As a form of reciprocity, some NKRs volunteered in organizations for disabled persons, elders, or orphans, thereby gaining personal pleasure, satisfaction, and fulfillment. Some researchers have recognized the positive effect that practicing kindness has on well-being. In the ‘counting kindness’ intervention conducted in Japan, participants in the intervention group were asked to keep track of their acts of kindness. They found that the intervention group reported higher mean scores of happiness than the control group that did not count acts of kindness.<sup>218</sup> The ‘pay it forward’ intervention, in which undergraduates in the US were asked to perform random kind acts for 1.5 hours, showed benefits on well-being for the givers.<sup>219</sup> Although there is limited robust research on volunteerism as a health-promoting intervention,<sup>167</sup> increases in physical activity and cognitive function have been observed in interventions where older adults have engaged in volunteer activities.<sup>220–222</sup> Given accounts reporting the health effects of reciprocating, similar opportunities to engage in activities beneficial to others, such as volunteering, may be effective for NKRs as a means to promote their well-being.

The goals of mental health and psychosocial support (MHPSS), “any type of local or outside support that aims to protect or promote psychosocial well-being and/or prevent or treat mental disorders (p. 1),” have been widely adopted into international humanitarian settings.<sup>223</sup> Using an MHPSS approach, it is recommended that a multi-layered system of complementary support to meet the needs of different groups be developed. Depicted as a pyramid from bottom to top, basic services and security; community and family support; focused, non-specialized supports; and specialized services, are presented as a layered system in which all layers should be implemented concurrently. The South Korean government primarily takes charge

responsibility for NKR's basic services and security. Because NKRs are known to have a high prevalence of mental health problems including depression, anxiety, and post-traumatic stress disorder (PTSD),<sup>18</sup> various mental health support systems are available to this population. However, the current support system concentrates primarily on the top two layers of the MHPSS pyramid (i.e. focused, non-specialized supports; and specialized services). Examples include substance abuse intervention through alcohol counseling centers, providing counseling services through mental health centers, and treating mental disorders at clinics.<sup>224</sup> Our findings suggest that receiving help and reciprocating with others in one's social network may be important and yet overlooked activities that contribute to NKRs' well-being. Therefore, promotion of informal community support could fill in gaps in the current mental health support system available in South Korea. To our knowledge, a few interventions promoting community and family support have been implemented for NKR adolescents.<sup>225,226</sup> but no such interventions have been developed for NKR adults. Future research to tailor interventions designed to expand NKR adults' social relationships are needed to improve the well-being of this population.

Unlike past studies conducted among NKRs, this study included both SKs and NKRs to explore social interactions and dynamics between the host and refugee populations. Inclusion of SKs enabled us to capture their observations and perceptions of NKRs' adaptation processes as well as behaviors and activities SKs associated with successful adaptation. Despite these strengths, some limitations must be acknowledged. The majority of the NKR participants (N=23) were recruited in a medical institution. Thus, their health may have been poorer than other NKRs, possibly resulting in more limited social relationships compared to other NKRs in South Korea. Similarly, SK participants who were friends or acquaintances of NKRs may have more positive impression of NKRs. Many of our NKR and SK participants attended church services;

their support exchanges and experiences may not reflect those of NKR and SKs who are not affiliated with churches. Therefore, our findings may not be transferable to all NKR or SKs.

## **6.6 Conclusion**

In this study, we explored NKR engagement and perceptions of support exchange and reciprocal activities, such as repaying benefits received, between NKR and SKs. Our findings indicate that unidirectional social support, characterized by power differentials between NKR (as recipients) and SKs (as givers), was described as emotional distressing for both groups. On the other hand, NKR's acts of reciprocating directly or indirectly were perceived to be associated with well-being. Public health programs and policies in South Korea invest considerable resources to improve the mental health of NKR. In addition to available specialized mental health initiatives, fostering interpersonal relationships that enable support exchange and reciprocal acts in the community may help positively contribute to NKR's mental health and well-being. Additional research on reciprocity and well-being is needed to expand upon and test this theory. Developing vignettes (that elicit the changes in the support exchange and the act of reciprocity depending on NKR's prior experiences of support or the time spent after the resettlement) could be a useful strategy to elicit processual details and experiential descriptions to further understand the complex evolution of social relationships between NKR and SKs. Further, testing these hypothesized associations between support exchange or reciprocity and well-being would be important to inform interventions and public policies aiming to improve mental health outcomes for this at-risk population.

## **Chapter 7. Conclusion**

### **7.1 Summary of findings**

This dissertation examines the role of social support in promoting well-being among South Koreans (SKs) and North Korean refugees (NKR). The three manuscripts presented in Chapters 4 to 6 each tell part of the larger story of how NKRs experienced cultural change through gradual contact between the South and North Korean cultures.

Chapter 4 demonstrates that SKs, especially young adults, perceived South Korean culture to discourage the exchange of support, despite our quantitative findings indicating that willingness to help and the perceived availability of social support were clearly associated with high subjective well-being. South Koreans perceived individualism to be a negative attribute that fosters indifference to others. Further, results suggested that prioritization of individual benefits over benefits for the community was inversely related to high subjective well-being. We also observed age differences, i.e. that young adults were more likely to report receiving support and older adults were more reluctant to accept support. Together, the findings suggest that the promotion of altruism and social support among SKs has the capacity to enhance the well-being of this population.

Chapter 5 presents results suggesting that NKRs primarily sought out support from culturally similar groups, such as other NKRs or Korean Chinese. South Korean organizations, including Protestant churches, were important venues for providing social support, and SKs who met NKRs through these organizations sometimes tried to serve as surrogate family members. NKRs who were enthusiastic to assimilate into South Korean society strategically approached SKs to learn their culture. Overall, NKRs mainly employed three types of coping strategies:



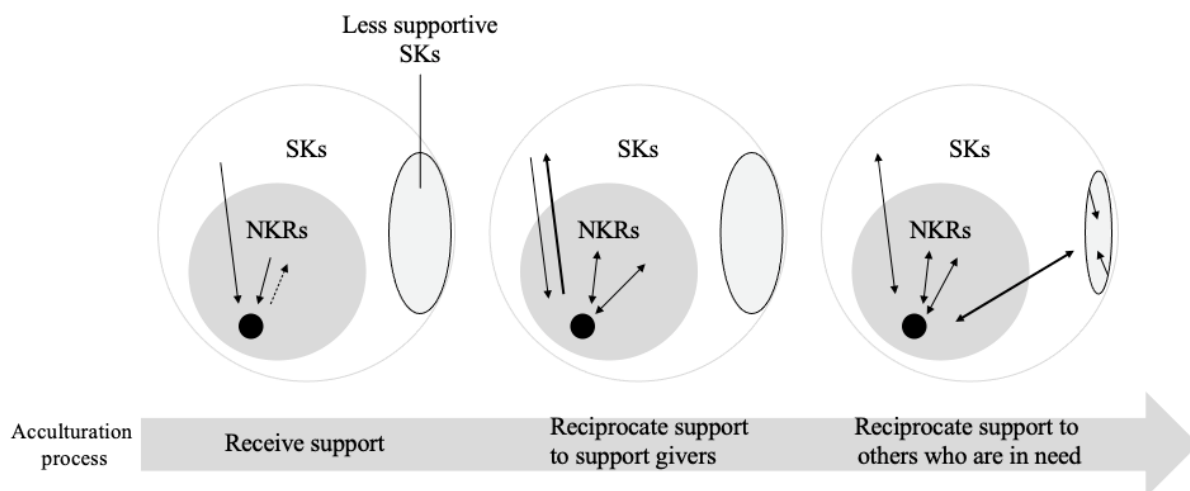
support seeking, avoidance, and problem solving. They adopted the support seeking strategy primarily by engaging with culturally similar groups, and collaterally to SKs who were connected through support. Avoidance was often recommended by other NKRers who had also experienced family separation. NKRers appeared to mainly use the problem solving as a coping strategy to solve problems they confronted during acculturation through interacting with their SK friends or acquaintances.

Chapter 6 suggests that reciprocity improved well-being among NKRers, and SKs perceived that it was an important sign of NKRers' healthy adaptation to South Korea. We found significant differences between experiences of NKRers around the exchange of support prior to resettlement and those after resettlement. While NKRers practiced bidirectional support exchange prior to resettlement, support exchange became unidirectional in South Korea, with NKRers serving as recipients and SKs as givers of support. This unidirectional support exchange created uncomfortable feelings among some NKRers. However, NKRers who wanted to reciprocate, either to the giver or to others in need, reported pleasure in paying back what they received. Together, these findings suggest that the practice of reciprocity within one's social network may be essential for improving the well-being of NKRers, underscoring the need for interventions that facilitate social relationships between NKRers and SKs.

Taken as a whole, this dissertation addresses two parts in Berry's acculturation framework: the culture of the host society and psychological acculturation. The findings suggest that the culture of the host society, where the NKRers settle, may be a challenging environment for the expansion of informal social relationships and the exchange of social support due to cultural factors. However, NKRers are able to utilize social networks that are composed of culturally similar groups (i.e. fellow NKRers and Korean Chinese) to manage acculturative stress. They also

reach out to SKs who are willing to help NKR to solve the problems they face in South Korea. At the same time, some NKRs expressed discomfort in receiving unidirectional support from SKs. As a result, they try to reciprocate back to either the givers of support or to others in need. NKRs who practiced reciprocity reported feeling happiness and satisfaction, and SKs perceived reciprocity to be a significant factor indicating successful adaptation. **Figure 7.1** presents the subsequent change of support exchange among NKRs, and between NKRs and SKs.

**Figure 7.1** Change in support exchange during North Korean refugees (NKRs)' acculturation process



## 7.2 Strengths and limitations

Strengths and limitations of each study are detailed in Chapters 4 through 6. An overarching strength of this study is that this research highlights the importance of social support, a health-promoting factor, as an essential component in improving the well-being of NKRs, thereby facilitating their adaptation to South Korea. Specifically, this dissertation outlines the ways in which South Korean culture inhibits support exchange and how that may be a barrier

to NKR's adaptation. However, our quantitative findings in Chapter 4 demonstrate that helping others and the perceived availability of social support were associated with SKs' subjective well-being, suggesting that promoting altruism and social support may not only to improve the well-being of SKs, but also to reduce the social barriers to the adaptation of NKRs. Moreover, by exploring the context of the strategies that NKRs adopted to handle acculturative stress, our findings underscored the role of social support in promoting NKRs' well-being. To understand the social dynamics and interactions between the host and refugee populations, we included both SKs and NKRs, which enabled us to capture both SKs' perceptions of NKRs adaptation process as well as the behaviors that both parties perceived as ideal for successful adaptation.

However, several overarching limitations should be noted. First, the quantitative data used in Chapter 4 were from an independent study conducted by the South Korean government. On the other hand, the qualitative data used in Chapters 4 through 6 were from a separate study aiming to understand the exchange of social support between SKs and NKRs. Inevitably the two types of data analyzed were not entirely compatible, though we tried to integrate them and interpret the results. In addition, although South Korean government institutes conduct several quantitative surveys among NKRs, these datasets are not publicly available. Had the quantitative data among NKRs been available to the public, we would have had an opportunity to provide more comprehensive findings related to NKR well-being using both quantitative and qualitative methods. Second, because NKRs are known to be a hard-to-reach population, we selected two recruitment locations frequently visited by NKRs. A snowball sampling strategy, the most common and feasible sampling strategy to recruit NKRs,<sup>227</sup> was employed using initial participants recruited at the two locations. Thus, NKRs who had a regular job, who had good health status, or who had limited social connections were probably less likely to visit recruitment

locations. Likewise, more than half of the SK participants (N=11, 55.0%) were Protestants, although only three were recruited at a Protestant church. The high proportion of SK participants who were Protestants may partly reflect South Korean Protestants' active involvement in interacting with NKR. However, it is possible that the kind of social relationships they have with NKR is different from that of SKs who are not affiliated with churches. Therefore, it is unknown how transferrable our findings may be to NKR or SKs in general.

### **7.3 Policy and intervention recommendations**

Our findings are relevant to the design and implementation of interventions that aim to promote the well-being of NKR and facilitate their adaptation to South Korea. Below, we summarize key implications for interventions and policies that can be used to improve the well-being of NKR. For more details regarding implications and recommendations, refer to the discussion sections of Chapters 4 through 6.

#### ***7.3.1 Strengthening the social networks of NKR***

Despite the health-promoting effect of social interactions with people in one's social network,<sup>14,228</sup> to our knowledge, no interventions have been implemented to strengthen the NKR's social networks. To facilitate the expansion of social networks among NKR, the current policy that randomly allocates housing for NKR needs to be reconsidered. Similar to the relocation policy that Japan used for displaced Japanese people after the Great East Japan Earthquake,<sup>195</sup> allocating NKR of the same *Hanawon* cohort or from the same hometown together may facilitate social support among NKR. NKR may gain health benefits through

strengthened social networks with other NKRers if future housing policies were enacted to better accommodate existing social connections.

NKRers are known to be at risk for mental health disorders including depression, anxiety, and post-traumatic stress disorder (PTSD).<sup>18</sup> Mental health and psychosocial support (MHPSS) refers to “any type of local or outside support that aims to protect or promote psychosocial well-being and/or prevent or treat mental disorders (p. 1),” and has been widely adopted in international humanitarian settings.<sup>223</sup> Using an MHPSS approach, it is recommended that a multi-layered system of complementary support be developed to meet the needs of different groups.<sup>223</sup> Depicted as a pyramid from bottom to top, basic services and security; community and family support; focused, non-specialized supports; and specialized services, are presented as a layered system in which all layers should be implemented concurrently. The South Korean government primarily takes responsibility for NKRers’ basic services and security (the lowest layer). While various mental health support systems are available to this population, the current support system concentrates primarily on the top two layers of the MHPSS pyramid (i.e. focused, non-specialized supports; and specialized services). Examples include substance abuse interventions through alcohol counseling centers, counseling services through mental health centers, and clinics to treat mental disorders.<sup>224</sup> On the other hand, community and family support is less emphasized in the currently offered government programs. Our findings suggest that exchanging support with others in one’s social network may be an important and yet overlooked activity that contributes to the well-being of NKRers. Therefore, promotion of informal community support could fill in gaps in the current mental health support system available in South Korea.

Our findings suggest that many SKs who met NKR through support organizations (e.g. Protestant churches) were active support providers. In addition, interventions aiming to expand NKR's social networks in local communities may also be helpful for NKRs because many NKRs are often unemployed and spend a lot of time in their communities. Long-term, consistent opportunities for connecting NKRs and SKs in the community may be effective ways to foster social relationships between the two groups, since many current opportunities to meet (offered by supporting organizations) are one-time events. A community intervention aiming to enlarge the social networks of elders in Japan enrolled 138 elders and offered 18 event-based programs over the course of a year.<sup>229</sup> Elders who participated in the program twice or more showed a 0.70 increase in the size of their social support networks, compared to prior to the intervention. This intervention was especially effective for elders who originally had small social networks, whereas the effect was unclear among elders who already had a large social network.<sup>229</sup> Such community interventions, including both SKs and NKRs, may be useful for helping NKRs interact with SKs, especially for socially isolated NKRs who have limited social interactions in the community.

Moreover, community interventions to reduce discrimination against NKRs may facilitate social relationships between NKRs and SKs. To our knowledge, there are no interventions that have been implemented to reduce discrimination by the host population against immigrants/refugees. However, some of the same community intervention strategies to reduce discrimination in specific health fields (e.g. HIV/AIDS or mental illness) could be adapted for use in this population. Educational interventions to reduce discrimination towards groups stigmatized because of specific health conditions aim to inform general public by increasing knowledge about the illness and by providing facts to counter false assumptions.<sup>230</sup> Contact

interventions attempt to increase interactions between the general public and people with a specific stigmatized illness.<sup>230</sup> It has been suggested that building a personal relationship with a person affected by HIV or hearing testimonials leads to demystification of misinformation around HIV.<sup>230</sup> Some researchers have suggested that a combination of education and contact interventions could be the most promising approach to reduce stigma around HIV.<sup>231</sup> Employing similar strategies, i.e. providing educational sessions to SKs and/or increasing contacts between NKR and SKs could contribute to reducing discrimination against NKRs, and potentially promote social relationships between the two groups.

#### **7.4 Future research directions**

There are a number of opportunities for future research following from the results of this study. Using qualitative methods, the present study sought to understand the experiences of social support exchange among NKRs or between SKs and NKRs. Future research using quantitative methods and comparing the health of socially connected (e.g. NKRs living in Namdong-gu, Incheon, where NKRs are densely populated) versus disconnected NKRs (e.g. those living in rural areas) would expand our knowledge on the health effects of social connection and social support that is exchanged within social relationships. Secondly, because of the long-term political conflict and separation of the two Koreas, South Koreans are intrinsically unfriendly toward North Koreans or NKRs. However, SKs who have NKR acquaintances may have changed their negative perceptions of NKRs after having social interactions with them. Future research exploring how these attitudes towards NKRs changed among ‘helper’ SKs may contribute to the design of interventions that aim to facilitate social relationships and exchange of support between SKs and NKRs. Third, the aim of this study was to provide an understanding of

the experiences of social support exchange among NKR and SKs. Future studies using a mixed-methods approach will help us understand these phenomena more comprehensively.



## Appendix: Interview guides

### Interview Guide for North Korean Refugees

Project Title:

A Qualitative Study on Social Support and Health among North Korean Refugees: Grounded Theory approach

Interviewer name		Date	
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Thank you for being willing to meet with me today. First of all, I will ask some of your information.

#### Demographic information

Study ID	(written by an interviewer)	Age	
Gender	M / F	Place of origin in North Korea	
Year of emigration from North Korea		Year of immigration to South Korea	
Deportation experience	Yes ( ) times / No	Place of residence in South Korea	

The questions I am going to ask don't have right or wrong answers. I am interested in learning about experiences that you have had regarding how you received and provided help in your social relations.

#### General questions

- A. Tell me how you would describe North Koreans.
- B. Tell me how you would describe South Koreans.

#### Meaning and cultural context of social support

- A. Tell me about what receiving or providing help means to you.
  - a) Can you tell me about a time when you recently provided help?
  - b) Can you tell me about a time when you recently received help?
- B. Is receiving/providing/exchanging help in North Korea or in China different from that in South Korea? Why do you think so?

#### Experiences of social support

- A. How many people can you talk to about something personal or private? What makes you feel comfortable sharing personal information with them?
  - a) Probe: Where are they originally from (North Korea or South Korea)?
  - b) Probe: What is your relationship like with them?

- B. How many people do you know who you would feel comfortable asking for 20,000-30,000 won (approximately \$25) to you? What makes you feel able to ask them for financial assistance?
  - a) Probe: Where are they originally from (North Korea or South Korea)?
  - b) Probe: What is your relationship like with them?
- C. How many people do you know whom you can ask for advice or help about health problems? What makes them a good source of advice on health issues?
  - a) Probe: Where are they originally from (North Korea or South Korea)?
  - b) Probe: What is your relationship like with them?
- D. How many people do you know who can spend some of his/her time and energy to help you?
  - a) Probe: What makes you feel comfortable with them?
  - b) Probe: Where are they originally from (North Korea or South Korea)?
  - c) Probe: What is your relationship like with them?
- E. How many people do you know whom you can get together with to have fun or to relax?
  - a) Probe: What makes them good to spend leisure time with?
  - b) Probe: Where are they originally from (North Korea or South Korea)?
  - c) Probe: What is your relationship like with them?

### **Impact of social support on health**

- A. What does “health” and “well-being” mean to you?
- B. How do you evaluate your health status?
- C. What do people in your life do that makes you feel cared for?
  - a) Probe: In what ways have the people in your life helped you through money, materials, or services?
  - b) Probe: In what ways have the people in your life helped you with your health?
  - c) Probe: In what ways have the people in your life helped you through spending time and energy for you?
  - d) Probe: In what ways have the people in your life helped you that you belong?

### **Factors influencing social support**

- A. Tell me what makes it easier to receive help.
  - a) Probe: What are the factors that may encourage or discourage receiving help?
  - b) Probe: Tell me about a time when this has happened.
- B. Tell me about any unmet needs you have. How do you manage them?

### **Snowball sampling**

- A. Can you suggest names of other North Korean refugees or South Koreans who might be interested in participating in this study? [If yes] Would it be okay if we used your name when we contact these people to say that you recommended them to us? [Collect name and phone numbers of recommended individuals.]

This is the end of our interview today. Thank you so much for your time. Do you have any questions for me? [Answer any questions.] If you have any additional thoughts or questions, feel free to contact me.

## **Interview Guide for South Koreans**

Project Title:

A Qualitative Study on Social Support and Health among North Korean Refugees: Grounded Theory approach

Interviewer name		Date	
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Thank you for being willing to meet with me today. First of all, I will ask some of your information.

### **Demographic information**

Study ID	(written by an interviewer)	Age	
Gender	M / F	Years of interacting with North Korean refugees	
Common place of meeting North Korean refugees		Number of North Korean refugees interacting in person	

The questions I am going to ask don't have right or wrong answers. I am interested in learning about experiences that you have had regarding how you received and provided help in your social relations.

### **General questions**

- A. Tell me about how you would characterize North Koreans.
- B. Tell me about how you would characterize South Koreans.

### **Experiences of social support**

- A. How many North Korean refugees do you know whom you can talk to about something personal or private? What is your relationship like with them?
- B. How many North Korean refugees do you know who can lend or give about 20,000-30,000 won (approximately \$25) to you? What is your relationship like with them?
- C. How many North Korean refugees do you know whom you can ask for advice or help about health problems? What is your relationship like with them?
- D. How many North Korean refugees do you know who can spend some of their time and energy to help you? What is your relationship like with them?
- E. How many North Korean refugees do you know whom you can get together with to have fun or to relax? What is your relationship like with them?

### **Meaning and cultural context of social support**

- A. Tell me about what receiving or providing help means to you.
- B. Is your experience of receiving/providing/exchanging help with North Korean refugees different from the experience with South Koreans? Why do you think so?

**Factors influencing social support**

- A. Tell me about the factors that may influence you to help North Koreans. What are the factors that may encourage or discourage you to help them?
- B. Tell me about how the North Korean refugees you know help you?
- C. Tell me about any unmet needs North Koreans have. How do North Koreans express them?

**Social distance and perception of North Korean refugees**

- A. How did you think about North Korean refugees before you got to know them in person?
- B. After you got to know North Korean refugees in person, how do you think about them?

**Snowball sampling**

- A. Can you suggest names of other North Korean refugees or South Koreans who might be interested in participating in this study? [If yes] Would it be okay if we used your name when we contact these people to say that you recommended them to us? [Collect name and phone numbers of recommended individuals.]

This is the end of our interview today. Thank you so much for your time. Do you have any questions for me? [Answer any questions.] If you have any additional thoughts or questions, feel free to contact me.

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222. Fried LP, Carlson MC, Freedman M, et al. A Social Model for Health Promotion for an

- Aging Population: Initial Evidence on the Experience Corps Model. *J Urban Heal*. 2004;81:64-78. doi:10.1093/jurban/jth094
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  225. Jin MJ, Hyun MH. The Effect of Forgiveness Education Program on Social Support and Acculturative Stress of North Korean Defector Adolescents [Yongseo gyoyook programi bukanital cheongsongyeonui sahoejeog jijiwa munhwajeongeung stresse michineun yeonghyang]. *Korean J Youth Stud*. 2014;21(9):351-370.
  226. Lee Y-J, Kim K, Kim M-J, et al. Development and evaluation of family life education program for North Korean defector adolescents in South Korea [Talbukcheongsongyeondeureul wihan gajeongsaenghwalgyoyook programeui gaebalgwa pyeongga]. *J Korean Home Econ Educ Assoc*. 2016;28(1):41-57.
  227. Lee HY, Gerber J. “We Just Do What We Think Is Right . We Just Do What We Are Told”: Perceptions of Crime and Justice of North Korean Defectors. *Asia Pacific J Police Crim Justice*. 2009;7(1):21-48.
  228. Seeman TE. Social ties and health: The benefits of social integration. *Ann Epidemiol*. 1996;6(5):442-451. doi:10.1016/S1047-2797(96)00095-6
  229. Harada K, Masumoto K, Katagiri K, et al. Community intervention to increase neighborhood social network among Japanese older adults. *Geriatr Gerontol Int*. 2018;18(3):462-469. doi:10.1111/ggi.13208
  230. Heijnders M, Van Der Meij S. The fight against stigma: an overview of stigma-reduction strategies and interventions. *Psychol Health Med*. 2006;11(3):353-363. doi:10.1080/13548500600595327
  231. Brown L, Trujillo L, MacIntyre K. *Interventions to Reduce HIV/AIDS Stigma: What Have We Learned?* New Orleans, LA: Horizons Project; 2001.

# Curriculum Vitae

Soim Park, KMD, MA, Ph.D.(c)

## PERSONAL DATA

### *Home Address:*

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Portland OR 97229

Phone: (443) 470-2833

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### *University Address:*

Department of International Health

Johns Hopkins Bloomberg School of Public Health

615 N. Wolfe Street, Room E5040

Baltimore MD 21205

## EDUCATION

PhD	(expected: 02/2021)	Department of International Health Social and Behavioral Interventions Program Johns Hopkins Bloomberg School of Public Health, Baltimore, MD <ul style="list-style-type: none"><li>Dissertation: Social Support and Well-being of South Koreans and North Korean Refugees</li></ul>
MA	2015	North Korean Studies, University of North Korean Studies, Seoul, South Korea
KMD	2011	Korean Medicine, Daegu Haany University, Daegu, South Korea

## PROFESSIONAL EXPERIENCE

2014-2016	<b>Member of Unification Education Board</b> , Institute for Unification Education, Ministry of Unification, South Korea
2015	<b>Specialist of Internal Korean Medicine, No. 930</b> , Ministry of Health and Welfare, South Korea
2012-2015	<b>Residency</b> , Department of Internal Korean Medicine, National Medical Center, Seoul, South Korea
2011-2012	<b>Internship</b> , Department of Internal Korean Medicine, National Medical Center, Seoul, South Korea
2011	<b>Korean Medicine Doctor (KMD), No. 21140</b> , Ministry of Health and Welfare, South Korea

## RESEARCH EXPERIENCE

- National Medical Center, **Co-investigator**  
Project: A Qualitative Study on Social Support and Health among North Korean Refugees using grounded theory (PI: Dr. Jin-Won Kim)

2019 – Present | Seoul, South Korea

- Designed and conducted a qualitative study exploring social support and the health of North Korean refugees in South Korea
- Led data analysis using Atlas ti. and dissemination of the findings

- Johns Hopkins Bloomberg School of Public Health, **Graduate Research Assistant**

Project: An anxiety-focused early prenatal intervention for the prevention of common mental health disorders in Pakistan (PI: Dr. Pamela J. Surkan)

September 2020 – Present | Baltimore, MD

- Conducted data analysis using generalized linear modeling (GLM) and contributed to manuscript writing

- Johns Hopkins Bloomberg School of Public Health, **Graduate Research Assistant**

Project: Support for Health Care Workers for COVID-19 (PI: Dr. Tener Veenema)

May 2020 – Present | Baltimore, MD

- Conducted in-depth interviews with health care workers and supporting staff working in the Johns Hopkins Hospitals.
- Contributed to the study design and development of interview guides

- Johns Hopkins Bloomberg School of Public Health, **Graduate Research Assistant**

Project: Boston Birth Cohort Study (PI: Dr. Xiaobin Wang)

2018 – May 2020 | Baltimore, MD

- Conducted quantitative data analysis using multivariate logistic regression and multiple imputation by chained equations (MICE) and led manuscript writing
- Submitted a manuscript for publication

- Johns Hopkins Bloomberg School of Public Health, **Graduate Research Assistant**

Project: North Korean Children's Study (PI: Dr. W. Courtland Robinson)

2017 – 2019 | Baltimore, MD

- Worked with study team to develop the codebook for the analysis of in-depth interviews with North Korean refugee adolescents living in China or South Korea
- Coded and analyzed transcripts using NVivo
- Attended periodic data analysis meetings with the PI and developed a professional report

- Johns Hopkins Bloomberg School of Public Health, **Graduate Research Assistant**

Project: Diabetes Networking Tool (PI: Dr. Pamela J. Surkan)

2017 – 2018 | Baltimore, MD

- Developed qualitative interview guide and conducted in-depth interviews for the sub-study focusing on neighborhood barriers to the diabetes care
- Led weekly data analysis meetings with the student investigators
- Wrote a manuscript

- Johns Hopkins Bloomberg School of Public Health, **Graduate Research Assistant**

Project: Japanese Birth Data in Aichi Prefecture (PI: Dr. Takeo Fujiwara)

2017 | Tokyo, Japan

- Conducted data analysis using structural equation modeling (SEM) and led manuscript writing
- Published a manuscript
- Institute of Public Health, National Medical Center, **Clinical Research Coordinator**  
Project: Developing monitoring center for cooperative treatment between Korean and Western medicine (PI: Dr. Nam Kwon Kim)  
2017 – 2018 | Seoul, South Korea
  - Collaborated with a team to develop and implement a monitoring center for cooperative treatment using both Korean and Western medical treatments
- Graduate School of Public Health, Seoul National University, **Graduate Research Assistant**  
Project: A Survey of Middle East Respiratory Syndrome (MERS) (PI: Byong Hee Cho)  
2015 – 2016 | Seoul, South Korea
  - Developed the study design and survey questionnaire
  - Contributed to preliminary data analysis
- National Medical Center, **Co-investigator**  
Project: Illness experience of chronic pain among North Korean refugee women living in South Korea (PI: Dr. Jin-Won Kim)  
2014 – 2015 | Seoul, South Korea
  - Designed and conducted a qualitative study exploring illness narratives of North Korean refugee women living with chronic pain
  - Led data analysis using Atlas ti. and published a manuscript based on the qualitative findings

## **PUBLICATIONS**

### *Peer-reviewed Articles (in press or published)*

1. **Park, S.**, Surkan, P. J., Winch, P. J., Kim, J.-W., and Gittelsohn, J. (2020) ““I worked until my body was broken”: A qualitative study among North Korean refugee women.” *Ethnicity & Health*. <http://doi.org/10.1080/13557858.2020.1841886>
2. **Park, S.**, Zachary, W. W., Gittelsohn, J., Quinn, C. C., and Surkan, P. J. (2020) “Neighborhood Influences on Physical Activity among Low-income African-American Adults with Type 2 Diabetes Mellitus.” *The Diabetes Educator*, 46(2):181-190. <https://doi.org/10.1177/0145721720906082>
3. **Park, S.**, Greene, M. C., Melby, M. K., Fujiwara, T., and Surkan, P. J. (2019) “Postpartum Depressive Symptoms as a Mediator Between Intimate Partner Violence during Pregnancy and Maternal-Infant Bonding in Japan.” *Journal of Interpersonal Violence*. <https://doi.org/10.1177/0886260519875561>
4. **Park, S.**, Cho, A., Kang, D., and Kim, J.-W. 2014. “Clinical Study on Admission Patients of North Korean Refugees at a Department of Korean Internal Medicine,” *Journal of Internal Korean Medicine*, 35(4):407-415. (<http://scholar.ndsl.kr/schDetail.do?cn=JAKO201406233839875>)

5. **Park, S.**, Kang, D., Seo, H., and Kim, J.-W. 2014. "A Case Study of a Serious Antibiotics-associated diarrhea Patient Treated with Modified Hyangsayukgunja-tang," *Korean Journal of Oriental Medical Prescription*, 22(2):121-131.  
(<http://img.kisti.re.kr/originalView/originalView.jsp>)
6. Cho, A., **Park, S.**, Kang, D., and Seo, J. 2014. "A Review of Domestic Research for the Brain-science Based Learning According to Age and Comparison and Consideration of Learning Methodology of Korean Medicine According to Age," *Journal of Oriental Neuropsychiatry*, 5(4):333-350.  
([http://kiss.kstudy.com/journal/thesis\\_name.asp?tname=kiss2002&key=3320071](http://kiss.kstudy.com/journal/thesis_name.asp?tname=kiss2002&key=3320071))
7. Cho, A., Ryu, C., **Park, S.**, Seong, W., and Seo, J. 2013. "A Qualitative Research on the Recognition of the Initiation of Diseases of North Korean Refugees in South Korea," *Journal of Oriental Neuropsychiatry*, 24(4):373-384.  
([http://kiss.kstudy.com/journal/thesis\\_name.asp?tname=kiss2002&key=3256759](http://kiss.kstudy.com/journal/thesis_name.asp?tname=kiss2002&key=3256759))
8. Cheong, S., **Park, S.**, Kim, J., Seo, H., Ryu, C., and Lee, J. 2013. "A Case Report of the Patient Suggested from Alcoholic Peripheral Neuropathy," *Journal of Internal Korean Medicine*, 34(spr):259-265.
9. Cheong, S. Ahn, T., **Park, S.**, Seo, H., Ryu, C., Lee, J., and Kim, J.-W. 2012. "A Case Report of the Patient with Multiple System Atrophy Evaluated by Unified Multiple System Atrophy Rating Scale (UMSARS)," *Journal of Internal Korean Medicine*, 33(1):102-110.  
([http://kiss.kstudy.com/journal/thesis\\_name.asp?tname=kisskw&key=50375296](http://kiss.kstudy.com/journal/thesis_name.asp?tname=kisskw&key=50375296))

Peer-reviewed Articles (submitted or in preparation)

1. **Park, S.**, Kang, Y., and Surkan, P. J. (under review) "Types of social capital in relation to self-rated health: Gender differences in a nationally representative cross-sectional study of South Korean adults." (Manuscript submitted for publication, July 2020)
2. **Park, S.**, Ji, Y., Hong, X., Zuckerman, B., Wang, X., and Surkan, P. J. (under review) "Maternal antenatal substance use and postnatal mental disorders by nativity and stress level among US minority populations." (Manuscript submitted for publication, January 2021)
3. **Park, S.**, Wenzel, J., and Surkan, P. J. "Coping strategies adopted by North Korean refugees in South Korea." (Manuscript submitted for publication, January 2021)
4. Surkan, P. J., **Park, S.**, Ridgeway, K., Ribeiro, M. V., Fidalgo, T. M., Salama, L., Martins, S. S., and Caetano, S. C. "Social capital and supportive relationships are associated with better social-emotional development." (Manuscript submitted for publication, March 2020)
5. **Park, S.**, Wenzel, J., Kim, J.-W., and Surkan, P. J. "Give and take is the key': Reciprocity leads to psychological well-being and successful resettlement of North Korean refugees in South Korea." (Manuscript submitted for publication, March 2021)
6. **Park, S.**, Knowlton, A. R., and Surkan, P. J. (in preparation) "How does helping influence individuals' well-being?"

Non peer-reviewed Articles

1. Robinson, W. C., Cha, J., **Park, S.**, Kim, S. Y., Risko, C. B., Kim, D., and Kim, T. 2019. *Lost Generation: The Health and Human Rights of North Korean Children, 1990-2018.*

The Committee for Human Rights in North Korea.

([https://www.hrnk.org/uploads/pdfs/Robinson\\_LG\\_WEB\\_FINALFINAL.pdf](https://www.hrnk.org/uploads/pdfs/Robinson_LG_WEB_FINALFINAL.pdf))

2. **Park, S.** 2015. *A Cultural Approach to the Health and Illness of North Korean Defectors*. Master's degree dissertation, University of North Korean Studies. (<http://scholar.ndsl.kr/schPaperplusDetail.do?cn=DIKO0013705227>)
3. **Park, S.** 2013. "The Necessity of Cultural Understanding of North Korean Defectors' Illness and Healthcare Behaviors: To Promote Medical Treatment Efficiency," Ministry of Unification (ed.) *2013 Theses of Unification*, pp. 163-204. Seoul: Institution for Unification Education.

## **REVIEW ACTIVITIES**

### **Peer Review**

- Maternal and Child Health Journal (2020)
- BMJ Open (2020)

## **HONORS AND AWARDS**

- |      |   |
|------|---|
| 2019 | Center for Qualitative Studies in Health and Medicine Dissertation Enhancement Award, Johns Hopkins Bloomberg School of Public Health                               |
| 2018 | 2018 The Korean Honor Scholarship, The Embassy of the Republic of Korea   |
| 2018 | 2018-2019 American Association of University Women (AAUW) International Fellowships   |
| 2018 | Christian Connections for International Health (CCIH) Conference Scholarship  |
| 2018 | First Prize in the 2017 Spirituality & Public Health Student Essay Contest, University of California Berkeley School of Public Health                               |
| 2016 | 2016-2018 Fulbright Scholarship, Korean American Educational Commission / Institute of International Education  |
| 2015 | Teaching and research scholarship, Seoul National University  |
| 2015 | Teaching and research scholarship, Seoul National University  |
| 2014 | Academic performance scholarship (top 10%), University of North Korean Studies  |
| 2013 | Third Prize in the Unification Thesis Contest for graduate students, Ministry of Unification  |
| 2010 | Academic performance scholarship (top 10%), Daegu Haany University  |
| 2010 | Scholarship for Cultural Learning in Belgium and Austria, Daegu Haany University  |
| 2010 | Academic performance scholarship (top 5%), Daegu Haany University   |
| 2009 | KIOM Global Expedition: First prize for group report, Korean Institute of Oriental Medicine   |
| 2009 | Academic performance scholarship (top 5%), Daegu Haany University   |
| 2009 | Academic achievement scholarship, Daegu Haany University  |
| 2009 | KIOM Global Expedition: Group award to visit the marine lab at the University of Adelaide and Griffith University, Australia, Korean Institute of Oriental Medicine |
| 2009 | Kookmin Bank scholarship, Daegu Haany University  |
| 2008 | Development Fund of Department of Korean Medicine scholarship, Daegu Haany University   |
| 2008 | Academic performance scholarship (top 5%), Daegu Haany University   |

- 2007 Academic performance scholarship (top 5%), Daegu Haany University
- 2007 Academic performance scholarship (top 5%), Daegu Haany University
- 2006 Academic performance scholarship (top 7%), Daegu Haany University
- 2005 Academic performance scholarship (top 3%), Daegu Haany University

## **TEACHING EXPERIENCE**

### *Teaching Assistant*

Johns Hopkins Bloomberg School of Public Health

- Qualitative Data Analysis (224.691.01) (2018)
- Qualitative Research Theory and Methods (224.690.01) (2018)
- Social and Behavioral Foundations of Primary Health Care (221.688.81) (2018)
- Armed Conflict and Health (221.643.01) (2018)

Seoul National University

- Medical Sociology (902.575A), Seoul National University (2015)
- Research Methods of Healthcare (902.620B), Seoul National University (2015)

## **RESEARCH MEDIA COVERAGE**

### *Articles in Printed Articles*

- Hyukjin Park & Keunhye Hong. "People who are studying 'reunification'." *Weekly Chosun* No. 2301. April 07, 2014 ([http://news.chosun.com/site/data/html\\_dir/2014/04/09/2014040901312.html](http://news.chosun.com/site/data/html_dir/2014/04/09/2014040901312.html))
- Hwanwoong Kang. "Managing Chronic Disease of North Korean Defectors." *The Korean Medicine Times*. December 13, 2013 (<http://www.akomnews.com/?p=317125>)
- Hwanwoong Kang. "Health System of North Korea." *The Korean Medicine Times*. November 29, 2013 (<http://www.akomnews.com/?p=316709>)

### *TV / Radio Interviews*

- *Unification Observatory*. MBC. April 09, 2014
- *Hello, this is Seoul*. KBS Hanminjok Radio. July 04, 2013

## **SKILLS**

### *Analytic Methods*

- Multivariate Regression Modeling; Structural Equation Modeling; Factor Analysis; Qualitative Data Analysis

### *Analytic Software*

- Quantitative: STATA; R; MPLUS
- Qualitative: ATLAS.ti; NVIVO